

BILL NO.

Y-82-05-30
(as amended)

ORDINANCE NO.

19-16-82

AN ORDINANCE, AS AMENDED

ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED
EMERGENCY AMBULANCE SYSTEM AND PROVIDING
FOR PRODUCTION AND PERFORMANCE STANDARDS
FOR THE PROVISION OF AMBULANCE SERVICE
THROUGH THE THREE RIVERS AMBULANCE AUTHORITY
(UNIFORM AMBULANCE ORDINANCE)

WHEREAS, the Indiana General Assembly, pursuant to Ind. Stats. §§ 16-1-32 et seq., has authorized the City of Fort Wayne, Indiana, and Allen County, Indiana, to establish, operate and maintain emergency medical services, and to that end to cooperate to authorize franchise or contract for the providing of said emergency medical services; and

WHEREAS, pursuant to the authority granted by the General Assembly, the City of Fort Wayne and Allen County have agreed to cooperate for the provision of emergency medical services to the residents and visitors to the City and County; and

WHEREAS, the City and County have studied the problem of providing emergency ambulance services to the residents of the City and County in such a way as to ensure the best possible emergency medical services at the most reasonable cost; and

WHEREAS, the City and County have determined that a modified version of the ambulance system that has come to be known as the Public Utility Model best fits the needs of the City and County; and the City and County have jointly established the Three Rivers Emergency Medical Service Ambulance Cooperative; and the Cooperative having established the Three Rivers Ambulance Authority; and

WHEREAS, the Ambulance Authority has been charged by the Cooperative with the responsibility and is providing medical transportation services consisting of advanced emergency and non-emergency services to the residents of and visitors to the City and County; and

WHEREAS, the Authority, in order to provide emergency medical services as described herein, has: (a) arranged for financing to facilitate the acquisition of necessary ambulances and related equipment costing approximately \$900,000.00; and (b) adopted a financial management system to operate the emergency medical service system as efficiently as possible; and

WHEREAS, the Fort Wayne Medical Society has formed a physicians group known as the Emergency Medical Service Foundation, Inc., to provide quality control and clinical leadership for the emergency medical services system; and

WHEREAS, the Common Council of the City of Fort Wayne and the Allen County Commissioners, through input from the Ambulance Cooperative, Ambulance Authority, Township Representatives, EMS Foundation, ambulance operators in the private sector, and volunteer providers have analyzed various options for the providing and regulation of ambulance services, and have determined that the essential features of a financially efficient and medically effective ambulance system for the Fort Wayne and Allen County area include: (1) citizens trained in CPR; (2) fully integrated and coordinated response capabilities, involving fully centralized dispatching of volunteer providers, fire department first response teams, and sophisticated advanced and basic life support ambulance units; (3) completely controlled dispatching by medically trained dispatch personnel, each capable of effecting a fully unified system-wide response to any medical emergency, including mass disasters; (4) a single provider of advanced life support ambulance service, chosen by public bid, to be awarded within 18 months of enactment of this ordinance; (5) public ownership of the essential factors of advanced life support production, to protect the public from an interruption of this essential service; (6) the mandating of stringent yet practical response time and other performance standards; (7) the mandating of stringent clinical performance standards established and enforced by independent, expert, and informed physicians, and uniform system-wide medical protocols; and (8) establishment of authoritative, independent and expert physician supervision of all elements of the ambulance system performance that affect patient care; and

WHEREAS, the implementation of such an effective ambulance system requires the passage of this Ordinance;

NOW, THEREFORE, be it ORDAINED by the Common Council of the City of Fort Wayne, Indiana;

Section 100. Name and Purpose.

1. This ordinance may be cited as the "Uniform Ambulance Ordinance."

2. It is the purpose of this Ordinance to effect the orderly and gradual implementation of the Public Utility Model for the provision of ambulance services through the delegation of specific responsibilities to the major components of the Model, the Three Rivers Emergency Medical Service Ambulance Cooperative, the Three Rivers Ambulance Authority, and the Emergency Medical Services Foundation, Inc.

Section 101. Definitions.

For the purposes of this Ordinance, the following definitions shall apply:

1. Ambulance Service System. An organized, fully coordinated, and legally established network of individuals and organizations capable of effecting a fully coordinated response to every emergency medical incident, modified appropriately by the context of the competing demands upon the system at any point in time. Essential components include, but are not limited to, CPR training of the general public; single point termination telephone access to the system; fully centralized professional dispatching and system status management by medically trained dispatchers in direct radio contact with every ambulance operating in the system and who have the full authority and responsibility to manage system response under all circumstances; integrated team training and compatible equipment inventories of first responders, basic life support units, volunteer units, and paramedic units; rapid first responder and paramedic unit response times to all life threatening emergencies; and continuous, orderly, and routine physician supervision, evaluation, and authoritative corrective action to ensure persistent upgrading of ambulance system performance.

2. Ambulance. Any motor vehicle equipped with facilities to convey infirm or injured persons in a reclining position.

3. Ambulance Patient. Any ill, infirm or injured person transported in a reclining position in an ambulance to or from a hospital, physician's office, nursing home or other health care facility.

4. Base Station Physician. A physician licensed to practice medicine in the State of Indiana who has demonstrated to the satisfaction of the EMS Foundation knowledge in the medical protocols, radio procedure, medical audit process and procedure, and general operating policies of the Fort Wayne, Indiana emergency medical services system, and a person from whom ambulance attendants may take medical direction.

5. Emergency Medical Technician (EMT). An ambulance driver or attendant licensed by the State of Indiana as an Emergency Medical Technician, and certified by the Medical Director.

6. EMS Control Center. A single facility designated by the Three Rivers Ambulance Authority as the central communications center from which all ambulances subject to regulations pursuant to this Ordinance, shall be dispatched and controlled at all times.

7. Emergency Medical Services Foundation, Inc. (EMS Foundation). A professional and charitable organization formed by the Fort Wayne/Allen County Medical Society composed of licensed physicians who shall be responsible for clinical leadership, medical supervision, and regulatory quality control over all aspects of the EMS systems operation which may directly or indirectly affect patient care.

8. First Responder. Any person, fire department vehicle, police vehicle, volunteer unit, or non-transporting ambulance unit capable of providing appropriate emergency care, as evidenced by current certification as may be required for first-responder designation by the Medical Director.

9. Helicopter Rescue Unit. Any rotary wing aircraft providing basic or advanced emergency medical service and transportation.

10. Life Threatening Emergency. A situation posing immediate threat to human life or of long-term disability, including but not limited to, acute respiratory distress, shock, airway blockage, bleeding beyond control, acute poisoning, acute cardiovascular distress, or central nervous system injury.

11. Medical Audit. An official inquiry into the circumstances involving an ambulance run or request for service, conducted by a member of the EMS Foundation who is qualified by the EMS Foundation designated to conduct such an audit by the EMS Foundation Board. No physician performing a medical audit shall have been directly involved in the care of the patient who is the subject of the audit. The medical audit procedure is intended to be educational and positive and not vindictive or punitive. Any individual whose actions are under review may not be excluded from the audit process and shall have the right to appear and be heard.

12. Medical Control. Direction given ambulance personnel by a Base Station Physician through direct voice contact, with or without vital sign telemetry, as required by applicable medical protocols approved by the Medical Director.

13. Medical Director. A licensed physician appointed and paid by the EMS Foundation whose duties are more fully described in section 106, herein, who generally is charged with the responsibility of overseeing the ambulance system from a medical perspective. The Medical Director shall serve at the pleasure of the EMS Foundation Board of Directors.

14. Medical Protocol. Any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, approved by the EMS Foundation as the normal standard of prehospital care for a given clinical condition.

15. Mutual Aid Call. Request for emergency ambulance service issued by an ambulance dispatcher or crew in one political jurisdiction to an ambulance dispatcher or ambulance crew normally operating in a neighboring political jurisdiction.

16. Operations Contractor. That person or organization which, after a public bid process, has contracted with the Ambulance Authority to operate and manage the non-volunteer portion of the ambulance system created by this Ordinance.

17. Paramedic. A person licensed by the State of Indiana as a Paramedic and certified by the Medical Director as knowledgeable of and competent to perform advanced life support procedures and the medical protocols established by the Medical Director.

18. Public Utility Model. That strategy for the organization, financing, management, and regulation of ambulance service operation which employs the use of a single level of advanced life support capability for the conducting of all emergency and non-emergency service within a geographical area, mechanisms of payment which neutralize the "fee-for-service incentive" to overserve or underserve any given patient or geographic area, optimum economies of scale to spread fixed costs of sophisticated ambulance service operations over a wider range of production, competitive procurement of "facilities management" services from a qualified private firm, financing strategies which minimize or allow minimization of local tax subsidy, ownership or direct control of all systems hardware by the public sector, and other features intended to promote clinical excellence, reliable response time performance, disaster readiness, long-range stability of service, and cost containment.

19. Response Time. The actual elapsed time between receipt of notification at the EMS Control Center that an ambulance is needed at a location and the arrival of that ambulance at the location.

20. Senior Paramedic in Charge. That individual among the certified personnel assigned to an ambulance, not the Driver, who is a certified Paramedic designated as the individual in command of the ambulance, its operation, and any other persons assigned to the ambulance on a given shift. The employer of personnel in an ambulance shall designate the senior paramedic in charge of that ambulance.

21. Special Use Permit. A permit issued by the Medical Director to hospitals, and other institutions serving the public, for the provision of specialized mobile intensive care services and emergency care.

22. Three Rivers Emergency Medical Services Cooperative. A body jointly established by Allen County and the City of Fort Wayne for the purpose of establishing and implementing the ambulance system described in this Ordinance.

23. Three Rivers Ambulance Authority. The entity established by the Three Rivers Emergency Medical Services Cooperative to oversee and manage the operations of the ambulance service system described in this Ordinance.

24. Volunteer Provider. Any non-profit organization except a township which provides ambulance service for ambulance patients; provided that a majority of the manpower furnished by the volunteer provider shall not receive any salary, wages or other pay for his or her work for the volunteer provider, and which provides only emergency work and does not provide routine patient transfer service.

A township may contract with the Three Rivers Ambulance Authority to be a volunteer provider if the township agrees to be bound by the terms of this ordinance, and therefore to become part of and served by the Ambulance Service System established by this ordinance. The Authority may not enter into any contractual relationship with any township unless such contract includes provisions effecting a complete coordination and integration of that township into the Ambulance Service System. A township contracting with the Three Rivers Ambulance Authority may be called a Participating Volunteer Provider.

25. Volunteer Providers' Advisory Council. The entity composed of individuals appointed by the volunteer providers who participate in the ambulance system, whose duty it shall be to advise the EMS Foundation on matters related to the development and enforcement of standards affecting volunteers and volunteer providers. Each volunteer provider who is a full participant in the EMS System may appoint one individual to the Advisory Council, which individual shall be the physician advisor for the provider. If the provider does not have a physician advisor it may apply to the Medical Director to appoint a substitute.

Section 102. Certificates, Permits, Licenses.

102.1 Applicability.

This section applies only to participants in the Ambulance Service System and those bound by the provisions of this Ordinance. Volunteer Providers operating directly under the auspices of a township are exempt from these provisions unless the township is a participant and has executed an agreement to be bound.

102.2A Certificates.

No person, whether employed by or operating as a Volunteer Provider, Non-Emergency Transfer or Advanced Life Support EMS Operator, shall be employed as an ambulance driver, attendant or dispatcher of ambulances regulated by this Ordinance, unless he holds a certification issued by the Medical Director, and has passed a physical examination approved by the Medical Director.

102.2B Permit and Certification Limitations.

The Medical Director shall issue probationary certificates to all new applicants. Renewal applications shall be only issued to applicants with full certification.

102.2C Criteria

- (i) The Medical Director, subject to approval of the EMS Foundation Board, shall promulgate regulations setting forth the requirements to obtain a certificate as an ambulance driver, attendant (EMT or Paramedic), or dispatcher. The requirements shall include certification by the State of Indiana and an examination testing the applicant's knowledge of local medical protocol, special disaster procedures, the Three Rivers Ambulance System

in general, and other matters appropriate to determining the applicant's fitness. A practical skills examination may also be required.

(ii) Effective May 1, 1983, (or such other date as the Medical Director determines) all ambulance drivers must maintain certification under the National EMT and Paramedic Registry Program as an EMT or Paramedic, depending on the level of certification held.

(iii) All new certificates shall be probationary and shall be for a period of six months. If the applicant has performed satisfactorily for the six month probationary period, Medical Director shall issue a full certification. If the applicant has not performed satisfactorily, the Medical Director may continue the probationary status for an additional six month term.

102.2D Application

Applications for certification as an ambulance driver, attendant or dispatcher shall be made on forms prepared or approved by the Medical Director and shall contain such information as required by the Medical Director. Each application shall be accompanied by a non-refundable application charge in the amount of \$30.00, payable annually to the EMS Foundation, except that no application fee shall be charged to unpaid members of volunteer providers. Nothing in this Article shall be construed as requiring the Authority or the EMS Foundation to be responsible for the cost of physical examination.

102.3A Ambulance and Helicopter Rescue Units

No ambulance regulated by this Ordinance, whether it be equipped for paramedic, advanced life support (ALS) or basic life support (BLS) and whether used for emergency or non-emergency purposes shall be used to provide ambulance service unless the ambulance has been issued a permit by the Medical Director.

102.3B Helicopter Rescue Unit

No helicopter rescue unit regulated by this Article shall be used to provide any emergency medical service unless it has been issued a permit by the Medical Director.

102.3C Criteria

(i) The Medical Director, subject to approval of the EMS Foundation Board, shall promulgate regulations setting forth the requirements to obtain a permit for any ambulance or helicopter rescue unit regulated by this Section and including special use permits. Permits shall be of five (5) types: Volunteer, Non-Emergency, Emergency, Helicopter, and Special. Helicopter rescue units shall be subject to regulation of on-board equipment or personnel. Helicopter rescue units shall agree to submit to control by the EMS Control Center when operating within any jurisdiction subject to regulation under this Ordinance. Helicopter rescue units and their personnel shall be subject to medical audits.

(ii) The Medical Director shall not issue a permit to any ambulance that does not meet the requirements set forth in this Ordinance for the type of permit applied for. Only ambulances meeting minimum state requirements and any additional requirements imposed by Rules and Regulations adopted by the EMS Foundation may receive any permit. Only ambulances meeting the requirements for Emergency Ambulances promulgated by the Medical Director shall receive an Emergency permit.

102.3D Applications

Applications for vehicle or helicopter permits shall be made on forms prepared and approved by the Medical Director and contain such information as required by the Medical Director. Each application shall be accompanied by a non-refundable application fee in the amount of \$50.00 payable to the EMS Foundation, except that no charge shall be made for vehicles operated by Volunteer Providers.

102.4 Licenses Required

102.4A Providers

No person or organization, except a township which has not contracted with Three Rivers Ambulance Authority, shall operate an ambulance service rendering prehospital care or transportation to ambulance patients unless that person or organization has obtained and currently holds a provider license as determined in this section; and provided further, that the exemption to a township shall be limited to

provision of services by a volunteer, not for profit organization operated directly under the auspices of the township and not by way of contract, and shall extend only to the delivery of emergency ambulance service originating within the boundaries of the township, or mutual aid assistance provided by such township volunteer service to a neighboring jurisdiction at the request of that jurisdiction.

102.4B Non-Volunteer Ambulance Providers

It is legislatively determined that ambulance operations when subjected to competitive practices of multiple companies simultaneously serving the same city, operate under precarious financial conditions and that this type of competition is harmful to the health, safety, and welfare of residents. However, it is also determined that periodic competition among companies for the right to provide ambulance services offers a safe and effective means of encouraging fair and equitable private sector participation.

Therefore, no non-volunteer person or organization shall operate an ambulance for the provisions of emergency or non-emergency ambulance service to ambulance patients except the Three Rivers Ambulance Authority and its Operations Contractor. The Three Rivers Ambulance Authority shall be perpetually licensed to provide full service ambulance operations, and shall be required to subcontract with the Operations Contractor for operation and management of the Ambulance Service System.

The City of Fort Wayne EMS Department shall be the Operations Contractor until such time as a competitively selected operator is retained and commences operations.

102.4C Competitive Bidding Process

Not more than 18 months after the adoption of this ordinance the Three Rivers Ambulance Authority shall utilize a competitive bidding process to contract with an Operations Contractor. Said competitive bidding process shall be designed to attract nation wide competition and to that end the bidding process shall, in addition to complying with state law, include but not be limited to the following procedures:

- (i) Advertisements for bids shall include national circulation in one or more ambulance industry periodicals;
- (ii) The Three Rivers Ambulance Authority may not allow the Operations Contractor to engage directly in billing and collection activities;
- (iii) The Three Rivers Ambulance Authority must remain the owner or primary lessee of all equipment essential to its operations, except that Volunteer Providers may own their own equipment;
- (iv) The Three Rivers Ambulance Authority shall conduct a publicized pre-bid conference which shall be open to the public;
- (v) A pre-bid screening process shall be employed to exclude consideration of bids from any company which cannot demonstrate financial stability, reputability, and a proven track record as a full service provider of advanced life support ambulance operations in one or more metropolitan areas of similar or greater population as Fort Wayne;
- (vi) A broad investigative release form must be executed by all bidders, owners, operators, and key personnel;
- (vii) A substantial bid deposit in the form of cash, bond, irrevocable letter of credit or other form acceptable to the City Attorney in an amount not to exceed ten percent (10%) of the contract price must be required;
- (viii) The bid request document shall provide fully detailed definitions and performance standards governing clinical performance, response time performance, maintenance requirements, and other operational standards so that, assuming all bidders are prequalified to participate, bid price shall be the principal remaining consideration in the award of the contract. However, where bid prices are not more than ten percent (10%) apart, the Three Rivers Ambulance Authority may consider corporate experience, salary schedules, and such other factors to select the lowest responsible and responsive bidder;
- (ix) Nothing in this section shall be construed as preventing the City of Fort Wayne Department of Emergency Medical Services from bidding provided they otherwise qualify and pro-

vided further that the department's full cost of providing said services shall be reflected in the department's bid price, and any subsidation of ambulance services by the City shall be in the form of money payments to the Three Rivers Ambulance Authority so as to benefit equally any bidder who may choose to participate.

102.4D System Status Management Plan

The Ambulance Authority and the EMS Control Center shall adopt a system status management plan which shall have as its goal the placement of EMS ambulances so as to meet the response times criteria set forth in section 107 herein. The plan shall state the minimum safe level of emergency response capacity which shall be maintained in the system at all times. This minimum level may differ by hours of day or day of week depending on the anticipated demand for EMS, but the plan shall ensure minimum safe response levels at all times. All providers shall be required to tape record all telephone and radio transmissions and maintain for ninety (90) days the tapes of said transmissions. The providers must make said tapes available for medical audits or for the Medical Director at his discretion.

102.4E Removal From Service

No Provider ambulance may be removed from emergency service by the operator during the times designated under subparts (i) and (iii) above without first advising and obtaining the permission of the EMS Control Center. The EMS Control Center shall, upon request, allow a Provider ambulance to be removed from the system unless such removal will bring the number of paramedic units remaining in the system below the minimum necessary to maintain the response levels stated in the system status management plan, or unless unusual conditions exist which would reasonably necessitate maintaining a higher level emergency response capability than would normally be required at that time.

102.4F Volunteer Providers

No person or organization except a township which has not contracted with Three Rivers Ambulance Authority shall operate an ambulance for the provisions of ambulance service as a volunteer provider unless that person or organization has first obtained a Volun-

teer Provider License issued by the Medical Director. The Medical Director shall issue a Volunteer Provider License to any person or organization that qualifies as a volunteer provider as defined by Section 108 of this Ordinance, and that meets the rules and regulations for Volunteer Providers adopted by the Medical Director on advice of the EMS Foundation and the Volunteer Providers' Advisory Council.

102.5 Revocation of Permits and Certification

The Medical Director, subject to approval by the EMS Foundation Board, is authorized to revoke or suspend any permit or certification issued pursuant to the provisions of this Article if the driver, attendant, dispatcher, ambulance or helicopter rescue unit fails to maintain the basic qualifications for issuance or otherwise constitutes a danger to the safety and health of patients.

102.5A Prior to revocation or suspension of a certificate a medical audit shall be conducted by the Medical Director or his designee.

102.5B If the audit results in a recommendation that the driver, attendant or dispatcher certificate should be revoked or suspended, the report shall be forwarded to the EMS Foundation Board of Directors.

102.5C The EMS Foundation shall notify the affected person of the audit results and invite him to provide any information, in writing or personally, for the Foundation's consideration.

102.5D If the EMS Foundation recommends revocation or suspension, the report shall be forwarded to the Medical Director.

102.5E The Medical Director shall provide a hearing to any person certified pursuant to this Article or ambulance or helicopter rescue unit owner or operator at which time reasons for revocation or suspension shall be explained. The affected party may present information relevant to the issue of permit revocation or suspension.

102.5F If the Medical Director determines that the risk of harm to the public is substantial, the certification may be suspended without first providing a hearing. However, a hearing shall be scheduled to convene within seven days of the suspension to consider revocation of the certification. The Medical Director may require a physical and mental examine be conducted prior to the hearing.

102.5G In lieu of suspension or revocation, the Medical Director may return the non-probationary certificate holder to probationary status,

reduce the level of certification, or otherwise restrict the participation of the individual as necessary to protect the public health and safety.

102.6 Term of Licenses and Permits and Renewal.

(1) All permits and certifications issued pursuant to this Article shall be valid for a period of one year from date of issuance except as herein expressly provided.

(2) It shall be the responsibility of a permit or certificate holder to apply for a new permit or certificate no later than 30 days prior to expiration of the current permit or certificate.

(3) All renewal applications for permits or certifications shall contain the same information as original applications, and shall be accompanied by the same application fee made payable to the EMS Foundation as required for an original application.

(4) The EMS Foundation may at its discretion require renewal applicants to demonstrate knowledge and skills then currently required of an original applicant.

102.6A Appeals

Adverse decisions of a Medical Audit may be appealed to the Medical Director. If a resolution of the appeal is unsatisfactory, the person adversely affected by the decision of the Medical Director may appeal to the Board of Directors of the EMS Foundation whose determination shall be final.

Section 103. Standards for Ambulance Service Permit-Liability Insurance.

103.1 No ambulance service permit shall be issued under this act, nor shall such permit be valid for issuance, nor shall any ambulance be operated in the City unless there is at all times in force and effect insurance coverage as follows:

(A) Automobile liability insurance in an amount not less than \$100,000 for injury to, or death of, one person, by reason of the carelessness or negligence of the driver of such ambulance, and \$300,000 for injury to, or death of, more than one person, resulting from a single accident, by reason of the carelessness or negligence of the driver of such ambulance, and \$50,000 for damage to property resulting from any single accident, by reason of the carelessness or negligence of the driver of such ambulance, issued by an insurance company licensed to

do business in the State of Indiana, for each and every ambulance owned and/or operated by or for the applicant or licensee, providing for the payment of damages:

- (i) For injury to or death of individuals in accidents resulting from any cause for which the owner of said vehicle would be liable on account of liability imposed in him by law, regardless of whether the ambulance was being driven by the owner or his agent; and
 - (ii) For the loss of or damaged to the property of another under like circumstances.
- (B) Uninsured motorist coverage in an amount equal to the bodily injury liability limits as set forth in item A above;
 - (C) Malpractice insurance to provide for limitation of each claim of not less than \$500,000;
 - (D) A \$1,000,000 umbrella policy providing additional coverage to all underlying liability policies.

103.2 Said insurance policies shall be submitted to the Medical Director for approval prior to the issuance of each ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the Medical Director, in such form as he may specify, by all licensees required to provide such insurance under the provisions of this act.

103.3 Every insurance policy required hereunder shall contain a provision for a continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon, that the liability of the insurer shall not be affected by the insolvency or the bankruptcy of the assured, and that until the policy is revoked or expires the insurance company will not be relieved from liability on account of nonpayment of premium, failure to renew license at the end of the year, or any act or omission of the named assured. Such policy of insurance shall be further conditioned for the payment of any judgments up to the limits of said policy recovered against any person other than the owner, his agent or employee, who may operate the same with the consent or acquiescence of the owner.

103.4 Every insurance policy required hereunder shall extend for the period to be covered by the license applied for and the insurer shall be obligated to give not less than thirty (30) days written notice to the Medical Director and to the assured before any cancellation or termination thereof

earlier than its expiration date and the cancellation or other termination of any such policy shall automatically revoke and terminate the permits issued for the ambulances covered by such policy, unless another insurance policy complying with the provisions of this section shall be provided and be in effect at the time of such cancellation or termination.

103.5 Each insurance policy described and required herein shall name as additional insureds the City of Fort Wayne, Allen County, the Three Rivers Ambulance Authority, and the EMS Foundation, in addition to the operator of the vehicle.

103.6 Participating Volunteer Providers shall have reasonable insurance coverage and the policy shall name as additional insureds the City of Fort Wayne, Allen County, Three Rivers Ambulance Authority, EMS Foundation, in addition to the operator of the vehicle.

Section 104. Duties of the EMS Foundation and Medical Director

104.1 Authority to Make Regulations, Standards and Rules.

(A) The EMS Foundation Board of Directors shall have the authority to promulgate regulations, standards and rules necessary to implement the policy and intent of this Article. They shall constitute one volume to be filed in the Office of the City Clerk.

(B) The EMS Foundation Board of Directors shall consider, but not be limited to, the following factors when promulgating regulations, standards, and rules:

(i) The protection of the safety and health of the inhabitants of Fort Wayne, adopting townships, and neighboring participating political subdivisions.

(ii) Accepted standards of practice for emergency medical care;

(iii) Accepted requirements for equipment and supplies to provide advanced life support services;

(iv) Federal and state requirements;

(v) Standards and recommendations of federal, state and local professional organizations interested in the provision of quality emergency medical care; and

(vi) Recommendations of the Medical Director.

(C) The EMS Foundation Board of Directors shall promulgate standards controlling the following segments of the ambulance service system:

(i) Production standards related directly or indirectly to clinical performance and patient care; including response time consistent with the provisions of section 107;

(ii) Diagnosis-specific and problem-oriented medical protocols to serve as the required standard of prehospital emergency care;

(iii) Procedures governing the reliable provision of 24-hour medical control;

(iv) Procedures and protocols for the operation of the EMS Control Center, which may include but not be limited to, radio protocols, telephone protocols, and other operating standards; and

(v) Procedures for the provisions of medical control over the delivery of advanced life support procedures by ambulance personnel, which may include but not be limited to, medical control communications standards, radio equipment standards, radio protocol, medical protocol, qualifications of base station physicians or emergency department nurses from whom ambulance personnel may take direction.

(vi) In-service training for ambulance personnel, EMT's and dispatchers as recommended by the EMS Foundation.

(vii) Standards, rules and regulations governing volunteer providers.

104.2 Duties of the Medical Director

104.2A The Medical Director shall be responsible for compliance with the Regulations, Standards and Rules promulgated under this Section.

104.2B The Medical Director shall have the duty to prescribe and procure narcotics and controlled drugs used within the System.

104.2C The Medical Director shall also serve as the Medical Advisor for the Authority as regulated by State Law.

104.3 Disaster Planning and Protocol Development.

(A) The Medical Director, subject to approval of the EMS Foundation Board, shall develop a plan for the rescue and medical care of persons in disaster situations.

(B) After a government proclamation has established the existence of a disaster situation whether resulting from tornado, fire, wind, flood, enemy action, or any other common disaster or catastrophe, the EMS Control Center shall be authorized to control all ambulances, helicopter rescue units, mutual aid responders, and special use vehicles.

104.4 Approvals.

(A) Communications Systems.

The EMS Foundation Board of Directors shall approve the dispatch communications system and the medical control communications system established by the Three Rivers Ambulance Authority. In revising the medical control communications system the EMS Foundation shall be consulted. Nothing herein shall prevent the Medical Director from promulgating regulations or standards controlling communications systems.

104.5 Licenses, Permits and Certificates.

The Medical Director shall issue licenses, permits and certificates consistent with the provisions of Section 102 herein.

104.6 Annual Report.

This Chairman of the Board of the Ambulance Authority shall report annually to the Common Council and the County Commissioners on the status of the ambulance service system. The report shall include, but not be limited to the financial condition of the Ambulance Authority, the subsidy supplied by the City, medical case audits, recommendations for improvements and regulations promulgated during the year. The report shall incorporate the reports of the EMS Foundation and the Ambulance Authority made to the Medical Director.

Section 105. Duties of The Three Rivers Ambulance Authority.

105.1 Generally.

It shall be the duty of the Ambulance Authority to oversee and manage the Ambulance Service System created by this Ordinance in order to provide quality ambulance service to all residents of and visitors to Fort Wayne and Allen County, as well as other jurisdictions which may join the Ambulance Service System.

The economies of scale realized from multi-jurisdictional operations of the Three Rivers Ambulance Authority are expected to benefit the taxpayers and residents of all political jurisdictions served by the Authority; however, in

contracting with each political jurisdiction, the Three Rivers Ambulance Authority shall make such financial arrangements as necessary and appropriate to effect a fair sharing of costs and benefits among the various jurisdictions served.

105.2 Ownership of Equipment.

The Ambulance Authority shall own, or be the primary lessee of all emergency equipment used in supplying ambulance services, except equipment utilized by Volunteer Provider Organizations, which may own their own equipment.

105.3 Rates, Billing and Collections.

(A) Generally the Ambulance Authority shall determine reasonable rates for its services.

(B) The Ambulance Authority may permit the operations contractor to collect accounts representing long distance inter-city transfer work, but the operations contractor may not engage on any other collection activity.

The Ambulance Authority shall not bill townships under any applicable statutes for any service to an individual.

(C) Non-Emergency Rates.

The Ambulance Authority shall have the authority to determine its own rates charged for non-emergency ambulance service. Non-emergency rates shall not exceed rates charged in other metropolitan areas for similar services.

105.4 In-Service Training.

(A) The Ambulance Authority shall assure that appropriate in-service training is provided to employees of the operations contractor by requiring the operations contractor to provide the in-service training program.

(B) The Ambulance Authority shall require that all employees of the operations contractor attend in-service training programs.

(i) In-service training programs shall be attended not less than once every month; each session shall be not less than two hours in duration.

(ii) In-service training shall include system orientation and management issues, medical audit findings and review, and clinical skill development.

(iii) In-service training shall be scheduled to permit all employees to fulfill their mandatory obligations to attend.

(iv) The Ambulance Authority shall include in its annual report to the Medical Director the extent of the in-service training accomplished. The Ambulance Authority shall maintain accurate records of attendance at in-service training which shall be provided to the Medical Director for use in considering certificate suspension or revocation and permit renewal.

(v) If a certificate holder fails to attend in-service training during any two month period the Medical Director shall inquire of the reasons and may in his discretion and only for good cause waive the requirement. In any event, a report of the failure to attend shall be made to the Medical Director by the Ambulance Authority.

(vi) When appropriate, personnel of participating Volunteer Providers shall be notified in advance and invited to attend in-service training sessions sponsored by the Operations Contractor.

105.5 Records and Premises Open to Inspection.

The Ambulance Authority shall maintain its records and premises open to inspection by the Medical Director.

105.6 Recommendations to the Medical Director.

The Ambulance Authority shall provide recommendations to the Medical Director for the following elements of the ambulance service system:

- (A) Dispatch communication system;
- (B) Medical control communication system;
- (C) Any other matter requested by the Medical Director relative to the operation and status of the ambulance service system.

105.7 The Ambulance Authority as Operations Contractor.

In the event of an emergency in which the public health and safety are threatened by the inadequate performance of an existing operations contractor, or by the absence of qualified bids at reasonable costs for the performance of the required services, the Ambulance Authority may act as operations contractor for the duration of the emergency but in no event longer than one year.

105.8 Mutual Aid and Shared Services.

The Ambulance Authority may contract for services from neighboring providers. Such contractors shall be subject to medical audit by the EMS Foundation. Consideration for such services may be financial or in kind. Nothing in this Article shall be construed as prohibiting the Ambulance Authority from receiving or rendering emergency mutual aid without formal agreement.

Section 106. The Emergency Medical Services Foundation

106.1 Appointments.

The Emergency Medical Services Foundation (EMS Foundation) is a not for profit corporation organized and existing under the laws of the State of Indiana. Appointments to the Foundation shall be handled as described in the Foundation's Articles of Incorporation and Bylaws.

106.2 Recommendations.

The Medical Director shall provide to the EMS Foundation Board of Directors recommendations concerning the following elements of the ambulance service system:

- (A) Criteria for the issuance, renewal, suspension and revocation of permits and certifications;
- (B) Production standards related directly or indirectly to clinical performance and patient care;
- (C) Diagnosis--specific and problem oriented medical protocols to serve as the required standard of pre-hospital emergency care;
- (D) Procedures governing the relative provision of 24-hour medical control;
- (E) Procedures and protocols for the operation of the EMS Control Center;
- (F) Procedures for the provision of medical control over the delivery of advanced life support procedures by ambulance personnel;
- (G) Standards for the medical control communications system;
- (H) Elements of disaster plan designed to provide prompt quality care and rescue of persons in disaster situations.
- (I) Standards, rules and regulations governing Volunteer Providers.

106.3 Medical Audits.

(A) The EMS Foundation shall perform medical audits when requested by the Medical Director or a designated base station physician, by any physician on his own patient, by any doctor involved in the case, chairman of the Ambulance Authority, Medical Director, a certified paramedic, the Volunteer Advisory Council or when in the Foundation's discretion it is determined that a specific incident merits investigation or an element of the ambulance service system may be improved and study is warranted.

(B) Audits shall be performed on a diagnosis specific basis to determine if there exists areas for improvement of treatment.

(C) An audit shall be primarily problem solving and educational in nature although from time to time punitive action as a result of audit findings may be necessary and appropriate.

106.4 Medical Director.

(A) The Medical Director shall be appointed by the EMS Foundation Board and shall serve at the pleasure of the EMS Foundation Board. The Medical Director may be a member of the EMS Foundation, but he shall resign from the Foundation Board upon his appointment as Medical Director.

(B) The Medical Director shall be compensated by the EMS Foundation.

(C) The Medical Director may delegate duties to qualified base station physicians or others whose expertise is necessary for complete and thorough medical audits.

(D) The Medical Director may appoint an Assistant to the Medical Director who shall be at least a certified paramedic, or have equivalent training and experience.

Section 107. Response Time.

107.1 A paramedic ambulance shall be on the scene of each life threatening emergency call as determined by the dispatcher at the time of the call in accordance with regulations, within eight minutes on 90% of all calls originating within the metropolitan area shown on the map attached hereto as Exhibit "A". In areas outside the metropolitan area the best efforts shall be made to arrive on the scene within eight minutes. For all presumptively

designated life threatening emergencies, through notification of the Fire or Police Department, best efforts will be made to place a first responder unit on the scene within four minutes.

107.2 For each presumptively defined life threatening emergency call exceeding eight minutes, the Ambulance Authority shall provide a general summary and the action it has taken to reduce the number of responses beyond eight minutes in similar circumstances in its annual report.

107.3 To provide prompt initial care, a first-responder program shall be developed by the Medical Director with the assistance of the EMS Foundation, the Ambulance Authority and other agencies and parties providing emergency care. This system shall have a goal of on-scene response within four minutes.

107.4 The ambulance service system shall be operated to reduce to the lowest figure reasonably attainable any discrepancies in response times throughout the City and County.

107.5 The Ambulance Authority shall contractually establish response times for all non-life threatening emergency calls, but they shall not be more stringent than that required for life-threatening emergency calls.

Section 108. Rules and Regulations Relating to Volunteer Providers and Dispatching.

108.1 In General.

The Public Utility Model envisions all ambulance service be provided by a single operator. However, the Common Council and the County Commissioners recognize the valuable role that volunteer ambulance providers may play in the system. To that end, the system adopted herein shall include a role for volunteer providers.

108.2 Rules for Dispatching of Participating Volunteer Providers.

(A) The rules and regulations contained in this Section shall be in addition to those for volunteer providers adopted by EMS Foundation Board of Directors. No rule relating to volunteer providers adopted by the EMS Foundation Board of Directors shall be inconsistent with anything in this Section. All volunteer providers subject to regulation under this ordinance shall comply with all communications and dispatching standards and with all rules and regulations as may be adopted pursuant to this Ordinance.

(B) All ambulance dispatching in the City of Fort Wayne, and after adoption of this Ordinance by the County City Commissioners all ambulance dispatching originating on calls from participating townships, shall be performed by a single EMS Control Center, staffed by ambulance dispatchers certified in accordance with standards set forth in appropriate rules and regulations. The dispatchers shall monitor continuously the status of all emergency resources available in the Allen County EMS System, and the current demands upon those resources. All providers shall advise the EMS Control Center as to the status of the providers' ambulances at all times.

(C) Persons answering telephone requests for ambulance service, if such call originates from within the City of Fort Wayne or a participating township, whether received in the Allen County Communications Center, the City of Fort Wayne Communications Center, shall immediately upon discovering that the call is requesting ambulance service in an area served by the Three Rivers EMS System, transfer the request to the certified ambulance dispatcher at the authorized EMS Control Center. This transfer should be made in such a manner as to allow the ambulance dispatcher to talk directly with the caller, so that the most accurate possible assessment of the situation can be made, and so that appropriate direction can be given the caller concerning procedures to be taken prior to arrival of the ambulance. Ambulance requests originating from a non-participating township shall be handled entirely by the Communications Center without referral to the EMS Control Center. Furthermore, should the EMS Control Center receive an emergency call originating within a non-participating township said call shall be referred to the county communications center.

(D) In all calls originating within a participating township the EMS Control Center shall dispatch the participating Volunteer Provider in that township and in addition shall dispatch such other vehicles as deemed necessary and appropriate pursuant to this Ordinance and medical protocols. Where the dual dispatching or other dual utilization of both a participating volunteer ambulance unit and a Paramedic emergency vehicle are involved, the following rules concerning patient transport shall apply:

(i) If both a Paramedic ambulance and a volunteer unit are simultaneously dispatched on a call, and if the volunteer unit arrives first and determines, in accordance with approved medical protocols, that Paramedic service is not required, the volunteer crew shall have the right to cancel the Paramedic unit before the arrival of the Paramedic unit at the scene.

(ii) In the event both a paramedic unit and volunteer provider unit appear at the scene of an emergency, the volunteer crew shall retain the right to transport the patient except if the patient, in accordance with approved medical protocols, is defined as being in need or likely to be in need of paramedic services, or the patient or responsible party prefers that transport be made by the paramedic unit, or if the volunteer crew requests that the patient be transported by the paramedic crew.

(iii) Any request for paramedic service by a participating volunteer crew shall be given the highest priority possible by the ambulance dispatch center.

108.3 Standards for Participating Volunteer Providers.

(A) The Medical Director, in consultation with the Volunteer Providers Advisory Council, shall recommend to the EMS Foundation Board reasonable rules and regulations for volunteer providers. These rules and regulations may include on-board equipment and communications standards; provided however, that no standard shall be imposed that would reasonably be expected to make it financially impossible for a volunteer provider to operate.

(B) The rules and regulations covering volunteer providers may require periodic local certification of volunteer crew members, provided that all skill, knowledge or training requirements in excess of those required for State certification must be determined by the EMS Foundation Board to be reasonable and practical.

(C) The Medical Director and the EMS Foundation may require in-service training of volunteers in the areas of basic life-support skill maintenance, new procedures adopted in medical protocols, use of new equipment which may be required on BLS ambulances,

diagnosis--specific refresher training found necessary as a result of medical audits performed and paramedic assistance training. The amount and kind of in-service training required of any participating volunteer shall be as is reasonably necessary to insure and demonstrate that volunteer's competence in the performance of his or her duties as a volunteer. No training requirements shall be made mandatory until such training has been available to volunteers for a period of sixty (60) days.

108.4 Participation in Record Keeping System and Medical Audits Required.

Participating volunteer providers shall be subject to participation in any medical audit performed on cases in which the volunteer crew was involved. To facilitate such audits, volunteer providers shall comply with all data system reports standards, including, but not limited to the use of standard run report forms and dispatch report forms approved by the EMS Foundation. Failure by a volunteer provider to cooperate with a medical audit may result in a penalty set by the Medical Director, which may include suspension or revocation of the volunteer provider's license; provided, however, that no volunteer provider shall be penalized because of a volunteer crew member's inability to be present at a medical audit if such inability is reasonably beyond the individual's control. Any physician conducting a medical audit should use his best efforts to schedule the audit at a time and place convenient to any volunteer(s) who may be involved.

Section 109. Provision for Collection of Fees.

109.1 The Three Rivers Ambulance Authority shall be required to pay to the EMS Foundation a fee of three and no/100 (\$3.00) dollars per ambulance run during which a patient was transported. Such payments shall be made on a monthly basis. All such money received by the EMS Foundation shall be used to fund physician supervision, medical audits, equipment inspections, personnel testing and development and study and enforcement of standards, rules and regulations, in accordance with provisions of a contract between EMS Foundation and the Three Rivers Interlocal Cooperative.

109.2 Every participating volunteer provider of emergency ambulance service in the system provided for by this ordinance shall include in billing

statements, if any, such three dollar fee, as a separate item, to be paid directly to the EMS Foundation, and the volunteer provider shall have no obligation or responsibility for collection of said fee.

Section 110. Obedience of Traffic Laws.

110.1 When the senior Paramedic in charge of an ambulance has reasonable grounds to believe that an emergency exists, the driver of the ambulance may:

(A) Park or stand, irrespective of the otherwise applicable rules of law established by ordinance;

(B) Proceed past a red or stop signal or stop sign, but only after slowing as may be necessary for safe operation;

(C) Exceed the maximum speed limits permitted by the City so long as life or property is not endangered; or

(D) Disregard ordinances or regulations of the City governing the direction of movement or turning in specified directions.

110.2 The exemptions listed in subsection (A)(2)-(4) shall apply only when such ambulance is making use of audible and visual signals meeting the requirements of the regulations promulgated by the Medical Director; the exemption listed in subsection (A)(1) shall apply only when such ambulance's making use of visual signals meeting those requirements.

110.3 The exemptions listed in subsection (A) do not relieve the driver from the duty to drive with regard for the safety of all persons.

Section 111. Patient and Scene Management.

111.1 The Senior Paramedic in charge shall have the authority for patient management at the scene of an emergency.

111.2 Authority for management of the emergency scene, exclusive of medical control over patients, shall rest with public safety officials.

111.3 In the event a licensed physician appears on the scene and desires to assume direction and control of patient care, he shall execute a form which declares he has assumed responsibility for patient care.

Section 112. Destination Determination.

112.1 For all life threatening emergency calls the patient shall be taken to the nearest appropriate facility for that clinical condition in accordance

with approved medical protocols, unless otherwise directed by a base station physician.

112.2 For all non-life threatening emergency calls, the patient shall be taken to the destination of the patient's choice, or in cases where the patient is incompetent or unable to make such a judgment, the patient shall be delivered to the destination requested by the appropriate party acting on behalf of the patient. If no person is available to act for the patient, he shall be delivered to the nearest available emergency receiving facility.

Section 113. Exceptions.

113.1 The provisions of this Article shall not apply to helicopter rescue units, ambulances, and their personnel which are:

(A) Owned and operated by an agency of the United States Government;

(B) Rendering assistance at the request of the EMS Control Center in cases of disaster or major emergency too great for Ambulance Authority resources, or in response to the provisions of a written mutual aid agreement signed by the Ambulance Authority;

(C) Engaged in the process of an inter-city transfer originating outside the area served by the Three Rivers EMS System;

(D) Private businesses using a company owned and operated ambulance solely for the transportation of their employees for injury or illness sustained while performing their work;

(E) Privately owned and designed for the transportation of the chronically infirm or physically handicapped, and used solely for the benefit of its owner and family, and is not for hire;

113.2 An owner or operator of an ambulance not exempted by the provisions of subsection (A) may request exemption from the Medical Director. The Medical Director shall determine whether or not the ambulance is to be used for the sole benefit of the owner or his family in permitting use of the privately owned vehicle. Appeals of this decision may be taken as provided in Section of this Ordinance.

Section 114. Violations and Penalties.

114.1 Violations.

It shall be unlawful:

(A) To perform duties as an ambulance driver, attendant (EMT OR Paramedic), or dispatcher without a current certificate issued by the Medical Director;

(B) To permit a person to work as an ambulance driver, attendant or dispatcher without a current certificate issued by the Medical Director;

(C) To use or cause to be used any ambulance service other than that established by this Ordinance unless exempted by the provisions of Section 113;

(D) To provide ambulance services, emergency or non-emergency, within the area served by the Three Rivers EMS System unless authorized by this Ordinance or exempted by the provisions of Section 113;

(E) To knowingly give false information to induce the dispatch of an ambulance or helicopter rescue unit.

114.2 Penalties.

(A) Any person convicted of violating the provisions of this Article shall be fined not less than one hundred nor more than five hundred dollars. This does not serve to limit any other remedies available to the City in law or equity.

(B) Each day that any violation of this Article is committed or permitted to continue shall constitute a separate offense.

115. Amendment of Special Ordinance No. S-149-81 As Amended

Special Ordinance S-149-81 as amended is hereby amended as follows: Section 1 of said Ordinance is amended by adding to said section the following at line 18 after the word "Agreement": "except that item 2 (d) of the Three Rivers Emergency Medical Services Inter-local Cooperative Agreement is amended by deleting the last sentence of said section 2 (d) and in its place the following sentence shall be inserted: 'The Three Rivers Ambulance Authority may contract with townships upon adoption of the uniform ambulance ordinance by the

County Commissioners.'" The Mayor is authorized to enter into an amendment to the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement with the County Commissioners of Allen County to effectuate this amendment.

COUNCILMAN

APPROVED AS TO FORM AND LEGALITY

THIS 20th DAY OF July, 1982.

A handwritten signature in blue ink, reading "Bruce O. Boxberger", written over a horizontal line.

BRUCE O. BOXBERGER, CITY ATTORNEY

COVINGTON PLAZA
6314 COVINGTON PLAZA
SHOPPING CENTER
423-6454

HESSON CASSEL
3140 EAST PAULding ROAD
423-6353

NEW HAVEN
507 BROADWAY STREET
NEW HAVEN, INDIANA
423-6767

ST. JOE CENTER-REED RD.
4310 ST. JOE CENTER RD.
423-6336

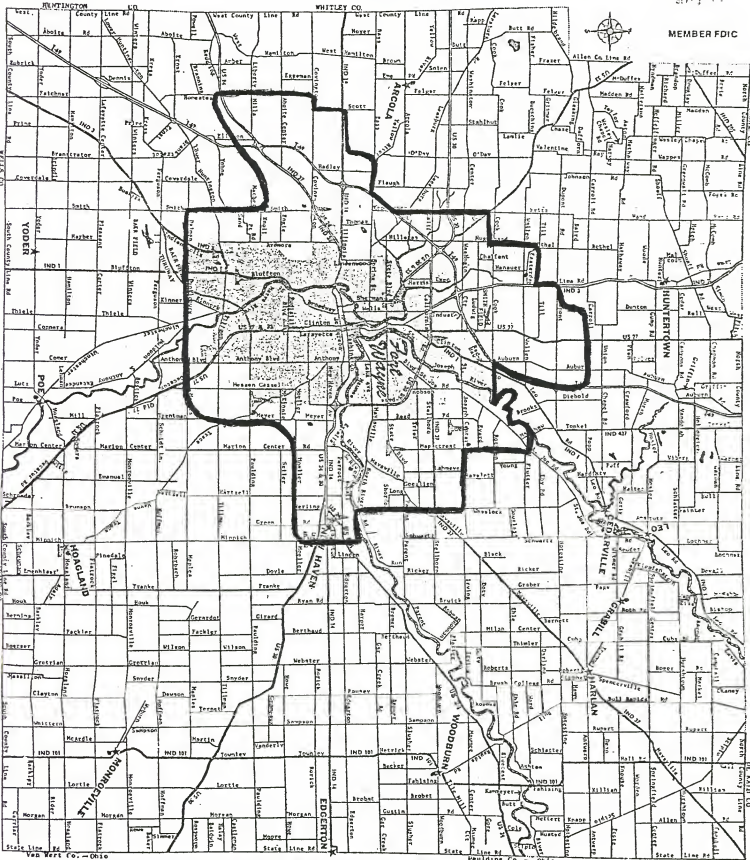
NEW HAVEN:
1530 S. 1st St.
423-6336

County Organized April 1, 1824

Named for Col. John Allen of KY.
See map of KY for where in KY

Area 670 Sq. Miles
Largest in State

Population 315,000



BILL NO.

Y-82-05-30
(as amended)

ORDINANCE NO.

Y-16-82

*AN ORDINANCE, AS AMENDED

ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED
EMERGENCY AMBULANCE SYSTEM AND PROVIDING
FOR PRODUCTION AND PERFORMANCE STANDARDS
FOR THE PROVISION OF AMBULANCE SERVICE
THROUGH THE THREE RIVERS AMBULANCE AUTHORITY
(UNIFORM AMBULANCE ORDINANCE)

WHEREAS, the Indiana General Assembly, pursuant to Ind. Stats. §§ 16-1-32 et seq., has authorized the City of Fort Wayne, Indiana, and Allen County, Indiana, to establish, operate and maintain emergency medical services, and to that end to cooperate to authorize franchise or contract for the providing of said emergency medical services; and

WHEREAS, pursuant to the authority granted by the General Assembly, the City of Fort Wayne and Allen County have agreed to cooperate for the provision of emergency medical services to the residents and visitors to the City and County; and

WHEREAS, the City and County have studied the problem of providing emergency ambulance services to the residents of the City and County in such a way as to ensure the best possible emergency medical services at the most reasonable cost; and

WHEREAS, the City and County have determined that a modified version of the ambulance system that has come to be known as the Public Utility Model best fits the needs of the City and County; and the City and County have jointly established the Three Rivers Emergency Medical Service Ambulance Cooperative; and the Cooperative having established the Three Rivers Ambulance Authority; and

WHEREAS, the Ambulance Authority has been charged by the Cooperative with the responsibility and is providing medical transportation services consisting of advanced emergency and non-emergency services to the residents of and visitors to the City and County; and

WHEREAS, the Authority, in order to provide emergency medical services as described herein, has: (a) arranged for financing to facilitate the acquisition of necessary ambulances and related equipment costing approximately \$900,000.00; and (b) adopted a financial management system to operate the emergency medical service system as efficiently as possible; and

WHEREAS, the Fort Wayne Medical Society has formed a physicians group known as the Emergency Medical Service Foundation, Inc., to provide quality control and clinical leadership for the emergency medical services system; and

WHEREAS, the Common Council of the City of Fort Wayne and the Allen County Commissioners, through input from the Ambulance Cooperative, Ambulance Authority, Township Representatives, EMS Foundation, ambulance operators in the private sector, and volunteer providers have analyzed various options for the providing and regulation of ambulance services, and have determined that the essential features of a financially efficient and medically effective ambulance system for the Fort Wayne and Allen County area include: (1) citizens trained in CPR; (2) fully integrated and coordinated response capabilities, involving fully centralized dispatching of volunteer providers, fire department first response teams, and sophisticated advanced and basic life support ambulance units; (3) completely controlled dispatching by medically trained dispatch personnel, each capable of effecting a fully unified system-wide response to any medical emergency, including mass disasters; (4) a single provider of advanced life support ambulance service, chosen by public bid, to be awarded within 18 months of enactment of this ordinance; (5) public ownership of the essential factors of advanced life support production, to protect the public from an interruption of this essential service; (6) the mandating of stringent yet practical response time and other performance standards; (7) the mandating of stringent clinical performance standards established and enforced by independent, expert, and informed physicians, and uniform system-wide medical protocols; and (8) establishment of authoritative, independent and expert physician supervision of all elements of the ambulance system performance that affect patient care; and

WHEREAS, the implementation of such an effective ambulance system requires the passage of this Ordinance;

NOW, THEREFORE, be it ORDAINED by the Common Council of the City of Fort Wayne, Indiana;

Section 100. Name and Purpose.

1. This ordinance may be cited as the "Uniform Ambulance Ordinance."

2. It is the purpose of this Ordinance to effect the orderly and gradual implementation of the Public Utility Model for the provision of ambulance services through the delegation of specific responsibilities to the major components of the Model, the Three Rivers Emergency Medical Service Ambulance Cooperative, the Three Rivers Ambulance Authority, and the Emergency Medical Services Foundation, Inc.

Section 101. Definitions.

For the purposes of this Ordinance, the following definitions shall apply:

1. Ambulance Service System. An organized, fully coordinated, and legally established network of individuals and organizations capable of effecting a fully coordinated response to every emergency medical incident, modified appropriately by the context of the competing demands upon the system at any point in time. Essential components include, but are not limited to, CPR training of the general public; single point termination telephone access to the system; fully centralized professional dispatching and system status management by medically trained dispatchers in direct radio contact with every ambulance operating in the system and who have the full authority and responsibility to manage system response under all circumstances; integrated team training and compatible equipment inventories of first responders, basic life support units, volunteer units, and paramedic units; rapid first responder and paramedic unit response times to all life threatening emergencies; and continuous, orderly, and routine physician supervision, evaluation, and authoritative corrective action to ensure persistent upgrading of ambulance system performance.

2. Ambulance. Any motor vehicle equipped with facilities to convey infirm or injured persons in a reclining position.

3. Ambulance Patient. Any ill, infirm or injured person transported in a reclining position in an ambulance to or from a hospital, physician's office, nursing home or other health care facility.

4. Base Station Physician. A physician licensed to practice medicine in the State of Indiana who has demonstrated to the satisfaction of the EMS Foundation knowledge in the medical protocols, radio procedure, medical audit process and procedure, and general operating policies of the Fort Wayne, Indiana emergency medical services system, and a person from whom ambulance attendants may take medical direction.

5. Emergency Medical Technician (EMT). An ambulance driver or attendant licensed by the State of Indiana as an Emergency Medical Technician, and certified by the Medical Director.

6. EMS Control Center. A single facility designated by the Three Rivers Ambulance Authority as the central communications center from which all ambulances subject to regulations pursuant to this Ordinance, shall be dispatched and controlled at all times.

7. Emergency Medical Services Foundation, Inc. (EMS Foundation). A professional and charitable organization formed by the Fort Wayne/Allen County Medical Society composed of licensed physicians who shall be responsible for clinical leadership, medical supervision, and regulatory quality control over all aspects of the EMS systems operation which may directly or indirectly affect patient care.

8. First Responder. Any person, fire department vehicle, police vehicle, volunteer unit, or non-transporting ambulance unit capable of providing appropriate emergency care, as evidenced by current certification as may be required for first-responder designation by the Medical Director.

9. Helicopter Rescue Unit. Any rotary wing aircraft providing basic or advanced emergency medical service and transportation.

10. Life Threatening Emergency. A situation posing immediate threat to human life or of long-term disability, including but not limited to, acute respiratory distress, shock, airway blockage, bleeding beyond control, acute poisoning, acute cardiovascular distress, or central nervous system injury.

11. Medical Audit. An official inquiry into the circumstances involving an ambulance run or request for service, conducted by a member of the EMS Foundation who is qualified by the EMS Foundation designated to conduct such an audit by the EMS Foundation Board. No physician performing a medical audit shall have been directly involved in the care of the patient who is the subject of the audit. The medical audit procedure is intended to be educational and positive and not vindictive or punitive. Any individual whose actions are under review may not be excluded from the audit process and shall have the right to appear and be heard.

12. Medical Control. Direction given ambulance personnel by a Base Station Physician through direct voice contact, with or without vital sign telemetry, as required by applicable medical protocols approved by the Medical Director.

13. Medical Director. A licensed physician appointed and paid by the EMS Foundation whose duties are more fully described in section 106, herein, who generally is charged with the responsibility of overseeing the ambulance system from a medical perspective. The Medical Director shall serve at the pleasure of the EMS Foundation Board of Directors.

14. Medical Protocol. Any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, approved by the EMS Foundation as the normal standard of prehospital care for a given clinical condition.

15. Mutual Aid Call. Request for emergency ambulance service issued by an ambulance dispatcher or crew in one political jurisdiction to an ambulance dispatcher or ambulance crew normally operating in a neighboring political jurisdiction.

16. Operations Contractor. That person or organization which, after a public bid process, has contracted with the Ambulance Authority to operate and manage the non-volunteer portion of the ambulance system created by this Ordinance.

17. Paramedic. A person licensed by the State of Indiana as a Paramedic and certified by the Medical Director as knowledgeable of and competent to perform advanced life support procedures and the medical protocols established by the Medical Director.

18. Public Utility Model. That strategy for the organization, financing, management, and regulation of ambulance service operation which employs the use of a single level of advanced life support capability for the conducting of all emergency and non-emergency service within a geographical area, mechanisms of payment which neutralize the "fee-for-service incentive" to overserve or underserve any given patient or geographic area, optimum economies of scale to spread fixed costs of sophisticated ambulance service operations over a wider range of production, competitive procurement of "facilities management" services from a qualified private firm, financing strategies which minimize or allow minimization of local tax subsidy, ownership or direct control of all systems hardware by the public sector, and other features intended to promote clinical excellence, reliable response time performance, disaster readiness, long-range stability of service, and cost containment.

19. Response Time. The actual elapsed time between receipt of notification at the EMS Control Center that an ambulance is needed at a location and the arrival of that ambulance at the location.

20. Senior Paramedic in Charge. That individual among the certified personnel assigned to an ambulance, not the Driver, who is a certified Paramedic designated as the individual in command of the ambulance, its operation, and any other persons assigned to the ambulance on a given shift. The employer of personnel in an ambulance shall designate the senior paramedic in charge of that ambulance.

21. Special Use Permit. A permit issued by the Medical Director to hospitals, and other institutions serving the public, for the provision of specialized mobile intensive care services and emergency care.

22. Three Rivers Emergency Medical Services Cooperative. A body jointly established by Allen County and the City of Fort Wayne for the purpose of establishing and implementing the ambulance system described in this Ordinance.

23. Three Rivers Ambulance Authority. The entity established by the Three Rivers Emergency Medical Services Cooperative to oversee and manage the operations of the ambulance service system described in this Ordinance.

24. Volunteer Provider. Any non-profit organization except a township which provides ambulance service for ambulance patients; provided that a majority of the manpower furnished by the volunteer provider shall not receive any salary, wages or other pay for his or her work for the volunteer provider, and which provides only emergency work and does not provide routine patient transfer service.

A township may contract with the Three Rivers Ambulance Authority to be a volunteer provider if the township agrees to be bound by the terms of this ordinance, and therefore to become part of and served by the Ambulance Service System established by this ordinance. The Authority may not enter into any contractual relationship with any township unless such contract includes provisions effecting a complete coordination and integration of that township into the Ambulance Service System. A township contracting with the Three Rivers Ambulance Authority may be called a Participating Volunteer Provider.

25. Volunteer Providers' Advisory Council. The entity composed of individuals appointed by the volunteer providers who participate in the ambulance system, whose duty it shall be to advise the EMS Foundation on matters related to the development and enforcement of standards affecting volunteers and volunteer providers. Each volunteer provider who is a full participant in the EMS System may appoint one individual to the Advisory Council, which individual shall be the physician advisor for the provider. If the provider does not have a physician advisor it may apply to the Medical Director to appoint a substitute.

Section 102. Certificates, Permits, Licenses.

102.1 Applicability.

This section applies only to participants in the Ambulance Service System and those bound by the provisions of this Ordinance. Volunteer Providers operating directly under the auspices of a township are exempt from these provisions unless the township is a participant and has executed an agreement to be bound.

102.2A Certificates.

No person, whether employed by or operating as a Volunteer Provider, Non-Emergency Transfer or Advanced Life Support EMS Operator, shall be employed as an ambulance driver, attendant or dispatcher of ambulances regulated by this Ordinance, unless he holds a certification issued by the Medical Director, and has passed a physical examination approved by the Medical Director.

102.2B Permit and Certification Limitations.

The Medical Director shall issue probationary certificates to all new applicants. Renewal applications shall be only issued to applicants with full certification.

102.2C Criteria

- (1) The Medical Director, subject to approval of the EMS Foundation Board, shall promulgate regulations setting forth the requirements to obtain a certificate as an ambulance driver, attendant (EMT or Paramedic), or dispatcher. The requirements shall include certification by the State of Indiana and an examination testing the applicant's knowledge of local medical protocol, special disaster procedures, the Three Rivers Ambulance System

in general, and other matters appropriate to determining the applicant's fitness. A practical skills examination may also be required. .

(ii) Effective May 1, 1983, (or such other date as the Medical Director determines) all ambulance drivers must maintain certification under the National EMT and Paramedic Registry Program as an EMT or Paramedic, depending on the level of certification held.

(iii) All new certificates shall be probationary and shall be for a period of six months. If the applicant has performed satisfactorily for the six month probationary period, Medical Director shall issue a full certification. If the applicant has not performed satisfactorily, the Medical Director may continue the probationary status for an additional six month term.

102.2D Application

Applications for certification as an ambulance driver, attendant or dispatcher shall be made on forms prepared or approved by the Medical Director and shall contain such information as required by the Medical Director. Each application shall be accompanied by a non-refundable application charge in the amount of \$30.00, payable annually to the EMS Foundation, except that no application fee shall be charged to unpaid members of volunteer providers. Nothing in this Article shall be construed as requiring the Authority or the EMS Foundation to be responsible for the cost of physical examination.

102.3A Ambulance and Helicopter Rescue Units

No ambulance regulated by this Ordinance, whether it be equipped for paramedic, advanced life support (ALS) or basic life support (BLS) and whether used for emergency or non-emergency purposes shall be used to provide ambulance service unless the ambulance has been issued a permit by the Medical Director.

102.3B Helicopter Rescue Unit

No helicopter rescue unit regulated by this Article shall be used to provide any emergency medical service unless it has been issued a permit by the Medical Director.

102.3C Criteria

(i) The Medical Director, subject to approval of the EMS Foundation Board, shall promulgate regulations setting forth the requirements to obtain a permit for any ambulance or helicopter rescue unit regulated by this Section and including special use permits. Permits shall be of five (5) types: Volunteer, Non-Emergency, Emergency, Helicopter, and Special. Helicopter rescue units shall be subject to regulation of on-board equipment or personnel. Helicopter rescue units shall agree to submit to control by the EMS Control Center when operating within any jurisdiction subject to regulation under this Ordinance. Helicopter rescue units and their personnel shall be subject to medical audits.

(ii) The Medical Director shall not issue a permit to any ambulance that does not meet the requirements set forth in this Ordinance for the type of permit applied for. Only ambulances meeting minimum state requirements and any additional requirements imposed by Rules and Regulations adopted by the EMS Foundation may receive any permit. Only ambulances meeting the requirements for Emergency Ambulances promulgated by the Medical Director shall receive an Emergency permit.

102.3D Applications

Applications for vehicle or helicopter permits shall be made on forms prepared and approved by the Medical Director and contain such information as required by the Medical Director. Each application shall be accompanied by a non-refundable application fee in the amount of \$50.00 payable to the EMS Foundation, except that no charge shall be made for vehicles operated by Volunteer Providers.

102.4 Licenses Required

102.4A Providers

No person or organization, except a township which has not contracted with Three Rivers Ambulance Authority, shall operate an ambulance service rendering prehospital care or transportation to ambulance patients unless that person or organization has obtained and currently holds a provider license as determined in this section; and provided further, that the exemption to a township shall be limited to

provision of services by a volunteer, not for profit organization operated directly under the auspices of the township and not by way of contract, and shall extend only to the delivery of emergency ambulance service originating within the boundaries of the township, or mutual aid assistance provided by such township volunteer service to a neighboring jurisdiction at the request of that jurisdiction.

102.4B Non-Volunteer Ambulance Providers (title changed)

It is legislatively determined that ambulance operations when subjected to competitive practices of multiple companies simultaneously serving the same city, operate under precarious financial conditions and that this type of competition is harmful to the health, safety, and welfare of residents. However, it is also determined that periodic competition among companies for the right to provide ambulance services offers a safe and effective means of encouraging fair and equitable private sector participation.

Therefore, no non-volunteer person or organization shall operate an ambulance for the provisions of emergency or non-emergency ambulance service to ambulance patients except the Three Rivers Ambulance Authority and its Operations Contractor. The Three Rivers Ambulance Authority shall be perpetually licensed to provide full service ambulance operations, and shall be required to subcontract with the Operations Contractor for operation and management of the Ambulance Service System.

The City of Fort Wayne EMS Department shall be the Operations Contractor until such time as a competitively selected operator is retained and commences operations.

102.4C Competitive Bidding Process

Not more than 18 months after the adoption of this ordinance the Three Rivers Ambulance Authority shall utilize a competitive bidding process to contract with an Operations Contractor. Said competitive bidding process shall be designed to attract nation wide competition and to that end the bidding process shall, in addition to complying with state law, include but not be limited to the following procedures:

(i) Advertisements for bids shall include national circulation in one or more ambulance industry periodicals;

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(ii) The Three Rivers Ambulance Authority may not allow the Operations Contractor to engage directly in billing and collection activities;

(iii) The Three Rivers Ambulance Authority must remain the owner or primary lessee of all equipment essential to its operations, except that Volunteer Providers may own their own equipment;

(iv) The Three Rivers Ambulance Authority shall conduct a publicized pre-bid conference which shall be open to the public;

(v) A pre-bid screening process shall be employed to exclude consideration of bids from any company which cannot demonstrate financial stability, reputability, and a proven track record as a full service provider of advanced life support ambulance operations in one or more metropolitan areas of similar or greater population as Fort Wayne;

(vi) A broad investigative release form must be executed by all bidders, owners, operators, and key personnel;

(vii) A substantial bid deposit in the form of cash, bond, irrevocable letter of credit or other form acceptable to the City Attorney in an amount not to exceed ten percent (10%) of the contract price must be required;

(viii) The bid request document shall provide fully detailed definitions and performance standards governing clinical performance, response time performance, maintenance requirements, and other operational standards so that, assuming all bidders are prequalified to participate, bid price shall be the principal remaining consideration in the award of the contract. However, where bid prices are not more than ten percent (10%) apart, the Three Rivers Ambulance Authority may consider corporate experience, salary schedules, and such other factors to select the lowest responsible and responsive bidder;

(ix) Nothing in this section shall be construed as preventing the City of Fort Wayne Department of Emergency Medical Services from bidding provided they otherwise qualify and pro-

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vided further that the department's full cost of providing said services shall be reflected in the department's bid price, and any subsidization of ambulance services by the City shall be in the form of money payments to the Three Rivers Ambulance Authority so as to benefit equally any bidder who may choose to participate.

102.4D System Status Management Plan

New title

The Ambulance Authority and the EMS Control Center shall adopt a system status management plan which shall have as its goal the placement of EMS ambulances so as to meet the response times criteria set forth in section 107 herein. The plan shall state the minimum safe level of emergency response capacity which shall be maintained in the system at all times. This minimum level may differ by hours of day or day of week depending on the anticipated demand for EMS, but the plan shall ensure minimum safe response levels at all times. All providers shall be required to tape record all telephone and radio transmissions and maintain for ninety (90) days the tapes of said transmissions. The providers must make said tapes available for medical audits or for the Medical Director at his discretion.

102.4E Removal From Service

New title

No Provider ambulance may be removed from emergency service by the operator during the times designated under subparts (i) and (iii) above without first advising and obtaining the permission of the EMS Control Center. The EMS Control Center shall, upon request, allow a Provider ambulance to be removed from the system unless such removal will bring the number of paramedic units remaining in the system below the minimum necessary to maintain the response levels stated in the system status management plan, or unless unusual conditions exist which would reasonably necessitate maintaining a higher level emergency response capability than would normally be required at that time.

102.4F Volunteer Providers

No person or organization except a township which has not contracted with Three Rivers Ambulance Authority shall operate an ambulance for the provisions of ambulance service as a volunteer provider unless that person or organization has first obtained a Volun-

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teer Provider License issued by the Medical Director. The Medical Director shall issue a Volunteer Provider License to any person or organization that qualifies as a volunteer provider as defined by Section 108 of this Ordinance, and that meets the rules and regulations for Volunteer Providers adopted by the Medical Director on advice of the EMS Foundation and the Volunteer Providers' Advisory Council.

102.5 Revocation of Permits and Certification

The Medical Director, subject to approval by the EMS Foundation Board, is authorized to revoke or suspend any permit or certification issued pursuant to the provisions of this Article if the driver, attendant, dispatcher, ambulance or helicopter rescue unit fails to maintain the basic qualifications for issuance or otherwise constitutes a danger to the safety and health of patients.

102.5A Prior to revocation or suspension of a certificate a medical audit shall be conducted by the Medical Director or his designee.

102.5B If the audit results in a recommendation that the driver, attendant or dispatcher certificate should be revoked or suspended, the report shall be forwarded to the EMS Foundation Board of Directors.

102.5C The EMS Foundation shall notify the affected person of the audit results and invite him to provide any information, in writing or personally, for the Foundation's consideration.

102.5D If the EMS Foundation recommends revocation or suspension, the report shall be forwarded to the Medical Director.

102.5E The Medical Director shall provide a hearing to any person certified pursuant to this Article or ambulance or helicopter rescue unit owner or operator at which time reasons for revocation or suspension shall be explained. The affected party may present information relevant to the issue of permit revocation or suspension.

102.5F If the Medical Director determines that the risk of harm to the public is substantial, the certification may be suspended without first providing a hearing. However, a hearing shall be scheduled to convene within seven days of the suspension to consider revocation of the certification. The Medical Director may require a physical and mental examine be conducted prior to the hearing.

102.5G In lieu of suspension or revocation, the Medical Director may return the non-probationary certificate holder to probationary status,

reduce the level of certification, or otherwise restrict the participation of the individual as necessary to protect the public health and safety.

102.6 Term of Licenses and Permits and Renewal.

- (1) All permits and certifications issued pursuant to this Article shall be valid for a period of one year from date of issuance except as herein expressly provided.
- (2) It shall be the responsibility of a permit or certificate holder to apply for a new permit or certificate no later than 30 days prior to expiration of the current permit or certificate.
- (3) All renewal applications for permits of certifications shall contain the same information as original applications, and shall be accompanied by the same application fee made payable to the EMS Foundation as required for an original application.
- (4) The EMS Foundation may at its discretion require renewal applicants to demonstrate knowledge and skills then currently required of an original applicant.

102.6A Appeals

Adverse decisions of a Medical Audit may be appealed to the Medical Director. If a resolution of the appeal is unsatisfactory, the person adversely affected by the decision of the Medical Director may appeal to the Board of Directors of the EMS Foundation whose determination shall be final.

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Section 103. Standards for Ambulance Service Permit-Liability Insurance.

changed
103.1 No ambulance service permit shall be issued under this act, nor shall such permit be valid for issuance, nor shall any ambulance be operated in the City unless there is at all times in force and effect insurance coverage as follows:

- (A) Automobile liability insurance in an amount not less than \$100,000 for injury to, or death of, one person, by reason of the carelessness or negligence of the driver of such ambulance, and \$300,000 for injury to, or death of, more than one person, resulting from a single accident, by reason of the carelessness or negligence of the driver of such ambulance, and \$50,000 for damage to property resulting from any single accident, by reason of the carelessness or negligence of the driver of such ambulance, issued by an insurance company licensed to

do business in the State of Indiana, for each and every ambulance owned and/or operated by or for the applicant or licensee, providing for the payment of damages:

- (i) For injury to or death of individuals in accidents resulting from any cause for which the owner of said vehicle would be liable on account of liability imposed in him by law, regardless of whether the ambulance was being driven by the owner or his agent; and
- (ii) For the loss of or damaged to the property of another under like circumstances.

New (B) Uninsured motorist coverage in an amount equal to the bodily injury liability limits as set forth in item A above;

New (C) Malpractice insurance to provide for limitation of each claim of not less than \$500,000;

New (D) A \$1,000,000 umbrella policy providing additional coverage to all underlying liability policies.

103.2 Said insurance policies shall be submitted to the Medical Director for approval prior to the issuance of each ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the Medical Director, in such form as he may specify, by all licensees required to provide such insurance under the provisions of this act.

103.3 Every insurance policy required hereunder shall contain a provision for a continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon, that the liability of the insurer shall not be affected by the insolvency or the bankruptcy of the assured, and that until the policy is revoked or expires the insurance company will not be relieved from liability on account of nonpayment of premium, failure to renew license at the end of the year, or any act or omission of the named assured. Such policy of insurance shall be further conditioned for the payment of any judgments up to the limits of said policy recovered against any person other than the owner, his agent or employee, who may operate the same with the consent or acquiescence of the owner.

103.4 Every insurance policy required hereunder shall extend for the period to be covered by the license applied for and the insurer shall be obligated to give not less than thirty (30) days written notice to the Medical Director and to the assured before any cancellation or termination thereof

earlier than its expiration date and the cancellation or other termination of any such policy shall automatically revoke and terminate the permits issued for the ambulances covered by such policy, unless another insurance policy complying with the provisions of this section shall be provided and be in effect at the time of such cancellation or termination.

103.5 Each insurance policy described and required herein shall name as additional insureds the City of Fort Wayne, Allen County, the Three Rivers Ambulance Authority, and the EMS Foundation, in addition to the operator of the vehicle.

New 103.6 Participating Volunteer Providers shall have reasonable insurance coverage and the policy shall name as additional insureds the City of Fort Wayne, Allen County, Three Rivers Ambulance Authority, EMS Foundation, in addition to the operator of the vehicle.

Section 104. Duties of the EMS Foundation and Medical Director

104.1 Authority to Make Regulations, Standards and Rules.

(A) The EMS Foundation Board of Directors shall have the authority to promulgate regulations, standards and rules necessary to implement the policy and intent of this Article. They shall constitute one volume to be filed in the Office of the City Clerk.

(B) The EMS Foundation Board of Directors shall consider, but not be limited to, the following factors when promulgating regulations, standards, and rules:

(i) The protection of the safety and health of the inhabitants of Fort Wayne, adopting townships, and neighboring participating political subdivisions.

(ii) Accepted standards of practice for emergency medical care;

(iii) Accepted requirements for equipment and supplies to provide advanced life support services;

(iv) Federal and state requirements;

(v) Standards and recommendations of federal, state and local professional organizations interested in the provision of quality emergency medical care; and

(vi) Recommendations of the Medical Director.

(C) The EMS Foundation Board of Directors shall promulgate standards controlling the following segments of the ambulance service system:

(i) Production standards related directly or indirectly to clinical performance and patient care; including response time consistent with the provisions of section 107;

(ii) Diagnosis-specific and problem-oriented medical protocols to serve as the required standard of prehospital emergency care;

(iii) Procedures governing the reliable provision of 24-hour medical control;

(iv) Procedures and protocols for the operation of the EMS Control Center, which may include but not be limited to, radio protocols, telephone protocols, and other operating standards; and

(v) Procedures for the provisions of medical control over the delivery of advanced life support procedures by ambulance personnel, which may include but not be limited to, medical control communications standards, radio equipment standards, radio protocol, medical protocol, qualifications of base station physicians or emergency department nurses from whom ambulance personnel may take direction.

(vi) In-service training for ambulance personnel, EMT's and dispatchers as recommended by the EMS Foundation.

(vii) Standards, rules and regulations governing volunteer providers.

104.2 Duties of the Medical Director

104.2A The Medical Director shall be responsible for compliance with the Regulations, Standards and Rules promulgated under this Section.

104.2B The Medical Director shall have the duty to prescribe and procure narcotics and controlled drugs used within the System.

104.2C The Medical Director shall also serve as the Medical Advisor for the Authority as regulated by State Law.

104.3 Disaster Planning and Protocol Development.

(A) The Medical Director, subject to approval of the EMS Foundation Board, shall develop a plan for the rescue and medical care of persons in disaster situations.

(B) After a government proclamation has established the existence of a disaster situation whether resulting from tornado, fire, wind, flood, enemy action, or any other common disaster or catastrophe, the EMS Control Center shall be authorized to control all ambulances, helicopter rescue units, mutual aid responders, and special use vehicles.

104.4 Approvals.

(A) Communications Systems.

The EMS Foundation Board of Directors shall approve the dispatch communications system and the medical control communications system established by the Three Rivers Ambulance Authority. In revising the medical control communications system the EMS Foundation shall be consulted. Nothing herein shall prevent the Medical Director from promulgating regulations or standards controlling communications systems.

104.5 Licenses, Permits and Certificates.

The Medical Director shall issue licenses, permits and certificates consistent with the provisions of Section 102 herein.

104.6 Annual Report.

This Chairman of the Board of the Ambulance Authority shall report annually to the Common Council and the County Commissioners on the status of the ambulance service system. The report shall include, but not be limited to the financial condition of the Ambulance Authority, the subsidy supplied by the City, medical case audits, recommendations for improvements and regulations promulgated during the year. The report shall incorporate the reports of the EMS Foundation and the Ambulance Authority made to the Medical Director.

Section 105. Duties of The Three Rivers Ambulance Authority.

105.1 Generally.

It shall be the duty of the Ambulance Authority to oversee and manage the Ambulance Service System created by this Ordinance in order to provide quality ambulance service to all residents of and visitors to Fort Wayne and Allen County, as well as other jurisdictions which may join the Ambulance Service System.

New paragraph
The economies of scale realized from multi-jurisdictional operations of the Three Rivers Ambulance Authority are expected to benefit the taxpayers and residents of all political jurisdictions served by the Authority; however, in

contracting with each political jurisdiction, the Three Rivers Ambulance Authority shall make such financial arrangements as necessary and appropriate to effect a fair sharing of costs and benefits among the various jurisdictions served.

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105.2 Ownership of Equipment.

The Ambulance Authority shall own, or be the primary lessee of all emergency equipment used in supplying ambulance services, except equipment utilized by Volunteer Provider Organizations, which may own their own equipment.

105.3 Rates, Billing and Collections.

(A) Generally the Ambulance Authority shall determine reasonable rates for its services.

(B) The Ambulance Authority may permit the operations contractor to collect accounts representing long distance inter-city transfer work, but the operations contractor may not engage on any other collection activity.

The Ambulance Authority shall not bill townships under any applicable statutes for any service to an individual.

(C) Non-Emergency Rates.

The Ambulance Authority shall have the authority to determine its own rates charged for non-emergency ambulance service. Non-emergency rates shall not exceed rates charged in other metropolitan areas for similar services.

105.4 In-Service Training.

(A) The Ambulance Authority shall assure that appropriate in-service training is provided to employees of the operations contractor by requiring the operations contractor to provide the in-service training program.

(B) The Ambulance Authority shall require that all employees of the operations contractor attend in-service training programs.

(i) In-service training programs shall be attended not less than once every month; each session shall be not less than two hours in duration.

(ii) In-service training shall include system orientation and management issues, medical audit findings and review, and clinical skill development.

(iii) In-service training shall be scheduled to permit all employees to fulfill their mandatory obligations to attend.

(iv) The Ambulance Authority shall include in its annual report to the Medical Director the extent of the in-service training accomplished. The Ambulance Authority shall maintain accurate records of attendance at in-service training which shall be provided to the Medical Director for use in considering certificate suspension or revocation and permit renewal.

(v) If a certificate holder fails to attend in-service training during any two month period the Medical Director shall inquire of the reasons and may in his discretion and only for good cause waive the requirement. In any event, a report of the failure to attend shall be made to the Medical Director by the Ambulance Authority.

New { (vi) When appropriate, personnel of participating Volunteer Providers shall be notified in advance and invited to attend in-service training sessions sponsored by the Operations Contractor.

105.5 Records and Premises Open to Inspection.

The Ambulance Authority shall maintain its records and premises open to inspection by the Medical Director.

105.6 Recommendations to the Medical Director.

The Ambulance Authority shall provide recommendations to the Medical Director for the following elements of the ambulance service system:

- (A) Dispatch communication system;
- (B) Medical control communication system;
- (C) Any other matter requested by the Medical Director relative to the operation and status of the ambulance service system.

105.7 The Ambulance Authority as Operations Contractor.

In the event of an emergency in which the public health and safety are threatened by the inadequate performance of an existing operations contractor, or by the absence of qualified bids at reasonable costs for the performance of the required services, the Ambulance Authority may act as operations contractor for the duration of the emergency but in no event longer than one year.

105.8 Mutual Aid and Shared Services.

The Ambulance Authority may contract for services from neighboring providers. Such contractors shall be subject to medical audit by the EMS Foundation. Consideration for such services may be financial or in kind. Nothing in this Article shall be construed as prohibiting the Ambulance Authority from receiving or rendering emergency mutual aid without formal agreement.

Section 106. The Emergency Medical Services Foundation

106.1 Appointments.

The Emergency Medical Services Foundation (EMS Foundation) is a not for profit corporation organized and existing under the laws of the State of Indiana. Appointments to the Foundation shall be handled as described in the Foundation's Articles of Incorporation and Bylaws.

106.2 Recommendations.

The Medical Director shall provide to the EMS Foundation Board of Directors recommendations concerning the following elements of the ambulance service system:

- (A) Criteria for the issuance, renewal, suspension and revocation of permits and certifications;
- (B) Production standards related directly or indirectly to clinical performance and patient care;
- (C) Diagnosis--specific and problem oriented medical protocols to serve as the required standard of pre-hospital emergency care;
- (D) Procedures governing the relative provision of 24-hour medical control;
- (E) Procedures and protocols for the operation of the EMS Control Center;
- (F) Procedures for the provision of medical control over the delivery of advanced life support procedures by ambulance personnel;
- (G) Standards for the medical control communications system;
- (H) Elements of disaster plan designed to provide prompt quality care and rescue of persons in disaster situations.
- (I) Standards, rules and regulations governing Volunteer Providers.

106.3 Medical Audits.

(A) The EMS Foundation shall perform medical audits when requested by the Medical Director or a designated base station physician, by any physician on his own patient, by any doctor involved in the case, chairman of the Ambulance Authority, Medical Director, a certified paramedic, the Volunteer Advisory Council or when in the Foundation's discretion it is determined that a specific incident merits investigation or an element of the ambulance service system may be improved and study is warranted.

(B) Audits shall be performed on a diagnosis specific basis to determine if there exists areas for improvement of treatment.

(C) An audit shall be primarily problem solving and educational in nature although from time to time punitive action as a result of audit findings may be necessary and appropriate.

106.4 Medical Director.

(A) The Medical Director shall be appointed by the EMS Foundation Board and shall serve at the pleasure of the EMS Foundation Board. The Medical Director may be a member of the EMS Foundation, but he shall resign from the Foundation Board upon his appointment as Medical Director.

(B) The Medical Director shall be compensated by the EMS Foundation.

(C) The Medical Director may delegate duties to qualified base station physicians or others whose expertise is necessary for complete and thorough medical audits.

(D) The Medical Director may appoint an Assistant to the Medical Director who shall be at least a certified paramedic, or have equivalent training and experience.

Section 107. Response Time.

107.1 A paramedic ambulance shall be on the scene of each life threatening emergency call as determined by the dispatcher at the time of the call in accordance with regulations, within eight minutes on 90% of all calls originating within the metropolitan area shown on the map attached hereto as Exhibit "A". In areas outside the metropolitan area the best efforts shall be made to arrive on the scene within eight minutes. For all presumptively

designated life threatening emergencies, through notification of the Fire or Police Department, best efforts will be made to place a first responder unit on the scene within four minutes.

107.2 For each presumptively defined life threatening emergency call exceeding eight minutes, the Ambulance Authority shall provide a general summary and the action it has taken to reduce the number of responses beyond eight minutes in similar circumstances in its annual report.

107.3 To provide prompt initial care, a first-responder program shall be developed by the Medical Director with the assistance of the EMS Foundation, the Ambulance Authority and other agencies and parties providing emergency care. This system shall have a goal of on-scene response within four minutes.

107.4 The ambulance service system shall be operated to reduce to the lowest figure reasonably attainable any discrepancies in response times throughout the City and County.

107.5 The Ambulance Authority shall contractually establish response times for all non-life threatening emergency calls, but they shall not be more stringent than that required for life-threatening emergency calls.

Section 108. Rules and Regulations Relating to Volunteer Providers and Dispatching.

108.1 In General.

The Public Utility Model envisions all ambulance service be provided by a single operator. However, the Common Council and the County Commissioners recognize the valuable role that volunteer ambulance providers may play in the system. To that end, the system adopted herein shall include a role for volunteer providers.

108.2 Rules for Dispatching of Participating Volunteer Providers.

(A) The rules and regulations contained in this Section shall be in addition to those for volunteer providers adopted by EMS Foundation Board of Directors. No rule relating to volunteer providers adopted by the EMS Foundation Board of Directors shall be inconsistent with anything in this Section. All volunteer providers subject to regulation under this ordinance shall comply with all communications and dispatching standards and with all rules and regulations as may be adopted pursuant to this Ordinance.

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(B) All ambulance dispatching in the City of Fort Wayne, and after adoption of this Ordinance by the County City Commissioners all ambulance dispatching originating on calls from participating townships, shall be performed by a single EMS Control Center, staffed by ambulance dispatchers certified in accordance with standards set forth in appropriate rules and regulations. The dispatchers shall monitor continuously the status of all emergency resources available in the Allen County EMS System, and the current demands upon those resources. All providers shall advise the EMS Control Center as to the status of the providers' ambulances at all times.

(C) Persons answering telephone requests for ambulance service, if such call originates from within the City of Fort Wayne or a participating township, whether received in the Allen County Communications Center, the City of Fort Wayne Communications Center, shall immediately upon discovering that the call is requesting ambulance service in an area served by the Three Rivers EMS System, transfer the request to the certified ambulance dispatcher at the authorized EMS Control Center. This transfer should be made in such a manner as to allow the ambulance dispatcher to talk directly with the caller, so that the most accurate possible assessment of the situation can be made, and so that appropriate direction can be given the caller concerning procedures to be taken prior to arrival of the ambulance. Ambulance requests originating from a non-participating township shall be handled entirely by the Communications Center without referral to the EMS Control Center. Furthermore, should the EMS Control Center receive an emergency call originating within a non-participating township said call shall be referred to the county communications center.

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(D) In all calls originating within a participating township the EMS Control Center shall dispatch the participating Volunteer Provider in that township and in addition shall dispatch such other vehicles as deemed necessary and appropriate pursuant to this Ordinance and medical protocols. Where the dual dispatching or other dual utilization of both a participating volunteer ambulance unit and a Paramedic emergency vehicle are involved, the following rules concerning patient transport shall apply:

(i) If both a Paramedic ambulance and a volunteer unit are simultaneously dispatched on a call, and if the volunteer unit arrives first and determines, in accordance with approved medical protocols, that Paramedic service is not required, the volunteer crew shall have the right to cancel the Paramedic unit before the arrival of the Paramedic unit at the scene.

(ii) In the event both a paramedic unit and volunteer provider unit appear at the scene of an emergency, the volunteer crew shall retain the right to transport the patient except if the patient, in accordance with approved medical protocols, is defined as being in need or likely to be in need of paramedic services, or the patient or responsible party prefers that transport be made by the paramedic unit, or if the volunteer crew requests that the patient be transported by the paramedic crew.

(iii) Any request for paramedic service by a participating volunteer crew shall be given the highest priority possible by the ambulance dispatch center.

108.3 Standards for Participating Volunteer Providers.

*Revised
Director
Foundation*

(A) The Medical Director, in consultation with the Volunteer Providers Advisory Council, shall recommend to the EMS Foundation Board reasonable rules and regulations for volunteer providers. These rules and regulations may include on-board equipment and communications standards; provided however, that no standard shall be imposed that would reasonably be expected to make it financially impossible for a volunteer provider to operate.

*Change
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Medical
Director*

(B) The rules and regulations covering volunteer providers may require periodic local certification of volunteer crew members, provided that all skill, knowledge or training requirements in excess of those required for State certification must be determined by the EMS Foundation Board to be reasonable and practical.

(C) The Medical Director and the EMS Foundation may require in-service training of volunteers in the areas of basic life-support skill maintenance, new procedures adopted in medical protocols, use of new equipment which may be required on BLS ambulances,

diagnosis--specific refresher training found necessary as a result of medical audits performed and paramedic assistance training. The amount and kind of in-service training required of any participating volunteer shall be as is reasonably necessary to insure and demonstrate that volunteer's competence in the performance of his or her duties as a volunteer. No training requirements shall be made mandatory until such training has been available to volunteers for a period of sixty (60) days.

108.4 Participation in Record Keeping System and Medical Audits
Required.

Participating volunteer providers shall be subject to participation in any medical audit performed on cases in which the volunteer crew was involved. To facilitate such audits, volunteer providers shall comply with all data system reports standards, including, but not limited to the use of standard run report forms and dispatch report forms approved by the EMS Foundation. Failure by a volunteer provider to cooperate with a medical audit may result in a penalty set by the Medical Director, which may include suspension or revocation of the volunteer provider's license; provided, however, that no volunteer provider shall be penalized because of a volunteer crew member's inability to be present at a medical audit if such inability is reasonably beyond the individual's control. Any physician conducting a medical audit should use his best efforts to schedule the audit at a time and place convenient to any volunteer(s) who may be involved.

Section 109. Provision for Collection of Fees.

109.1 The Three Rivers Ambulance Authority shall be required to pay to the EMS Foundation a fee of three and no/100 (\$3.00) dollars per ambulance run during which a patient was transported. Such payments shall be made on a monthly basis. All such money received by the EMS Foundation shall be used to fund physician supervision, medical audits, equipment inspections, personnel testing and development and study and enforcement of standards, rules and regulations, in accordance with provisions of a contract between EMS Foundation and the Three Rivers Interlocal Cooperative.

109.2 Every participating volunteer provider of emergency ambulance service in the system provided for by this ordinance shall include in billing

statements, if any, such three dollar fee, as a separate item, to be paid directly to the EMS Foundation, and the volunteer provider shall have no obligation or responsibility for collection of said fee.

Section 110. Obedience of Traffic Laws.

110.1 When the senior Paramedic in charge of an ambulance has reasonable grounds to believe that an emergency exists, the driver of the ambulance may:

(A) Park or stand, irrespective of the otherwise applicable rules of law established by ordinance;

(B) Proceed past a red or stop signal or stop sign, but only after slowing as may be necessary for safe operation;

(C) Exceed the maximum speed limits permitted by the City so long as life or property is not endangered; or

(D) Disregard ordinances or regulations of the City governing the direction of movement or turning in specified directions.

110.2 The exemptions listed in subsection (A)(2)-(4) shall apply only when such ambulance is making use of audible and visual signals meeting the requirements of the regulations promulgated by the Medical Director; the exemption listed in subsection (A)(1) shall apply only when such ambulance's making use of visual signals meeting those requirements.

110.3 The exemptions listed in subsection (A) do not relieve the driver from the duty to drive with regard for the safety of all persons.

Section 111. Patient and Scene Management.

111.1 The Senior Paramedic in charge shall have the authority for patient management at the scene of an emergency.

111.2 Authority for management of the emergency scene, exclusive of medical control over patients, shall rest with public safety officials.

111.3 In the event a licensed physician appears on the scene and desires to assume direction and control of patient care, he shall execute a form which declares he has assumed responsibility for patient care.

Section 112. Destination Determination.

112.1 For all life threatening emergency calls the patient shall be taken to the nearest appropriate facility for that clinical condition in accordance

with approved medical protocols, unless otherwise directed by a base station physician.

112.2 For all non-life threatening emergency calls, the patient shall be taken to the destination of the patient's choice, or in cases where the patient is incompetent or unable to make such a judgment, the patient shall be delivered to the destination requested by the appropriate party acting on behalf of the patient. If no person is available to act for the patient, he shall be delivered to the nearest available emergency receiving facility.

Section 113. Exceptions.

113.1 The provisions of this Article shall not apply to helicopter rescue units, ambulances, and their personnel which are:

(A) Owned and operated by an agency of the United States Government;

(B) Rendering assistance at the request of the EMS Control Center in cases of disaster or major emergency too great for Ambulance Authority resources, or in response to the provisions of a written mutual aid agreement signed by the Ambulance Authority;

(C) Engaged in the process of an Inter-city transfer originating outside the area served by the Three Rivers EMS System;

(D) Private businesses using a company owned and operated ambulance solely for the transportation of their employees for injury or illness sustained while performing their work;

(E) Privately owned and designed for the transportation of the chronically infirm or physically handicapped, and used solely for the benefit of its owner and family, and is not for hire;

113.2 An owner or operator of an ambulance not exempted by the provisions of subsection (A) may request exemption from the Medical Director. The Medical Director shall determine whether or not the ambulance is to be used for the sole benefit of the owner or his family in permitting use of the privately owned vehicle. Appeals of this decision may be taken as provided in Section of this Ordinance.

Section 114. Violations and Penalties.

114.1 Violations.

It shall be unlawful:

(A) To perform duties as an ambulance driver, attendant (EMT OR Paramedic), or dispatcher without a current certificate issued by the Medical Director;

(B) To permit a person to work as an ambulance driver, attendant or dispatcher without a current certificate issued by the Medical Director;

(C) To use or cause to be used any ambulance service other than that established by this Ordinance unless exempted by the provisions of Section 113;

(D) To provide ambulance services, emergency or non-emergency, within the area served by the Three Rivers EMS System unless authorized by this Ordinance or exempted by the provisions of Section 113;

(E) To knowingly give false information to induce the dispatch of an ambulance or helicopter rescue unit.

114.2 Penalties.

(A) Any person convicted of violating the provisions of this Article shall be fined not less than one hundred nor more than five hundred dollars. This does not serve to limit any other remedies available to the City in law or equity.

(B) Each day that any violation of this Article is committed or permitted to continue shall constitute a separate offense.

115. Amendment of Special Ordinance No. S-149-81 As Amended

New
Special Ordinance S-149-81 as amended is hereby amended as follows: Section 1 of said Ordinance is amended by adding to said section the following at line 18 after the word "Agreement": "except that item 2 (d) of the Three Rivers Emergency Medical Services Inter-local Cooperative Agreement is amended by deleting the last sentence of said section 2 (d) and in its place the following sentence shall be inserted: 'The Three Rivers Ambulance Authority may contract with townships upon adoption of the uniform ambulance ordinance by the

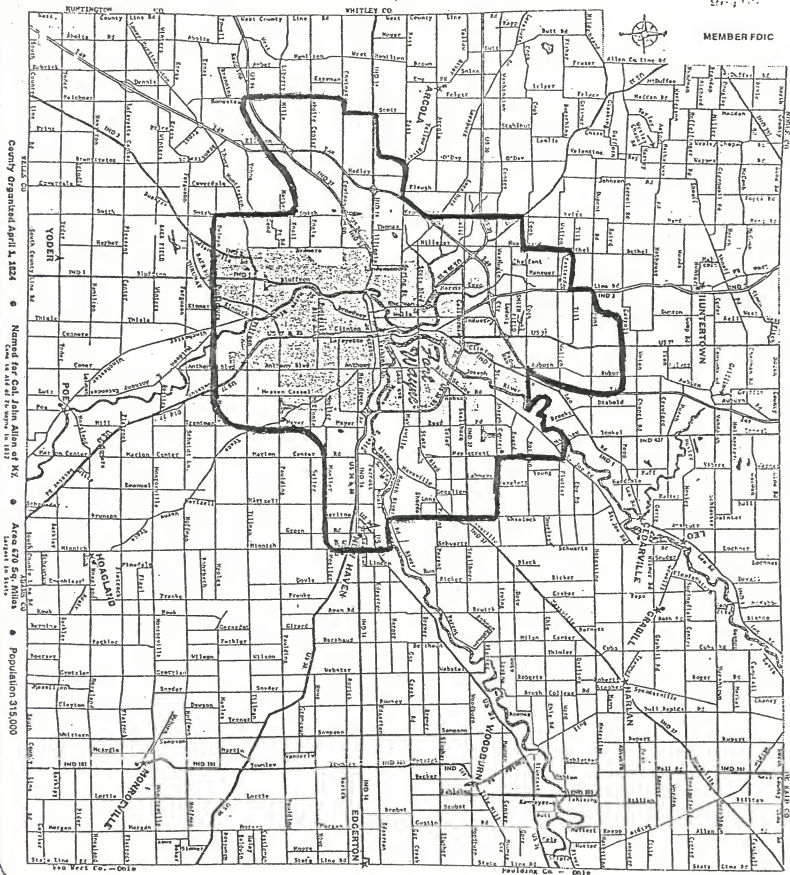
New
County Commissioners." The Mayor is authorized to enter into an
amendment to the Three Rivers Emergency Medical Services Interlocal
Cooperative Agreement with the County Commissioners of Allen County to
effectuate this amendment.

COUNCILMAN

APPROVED AS TO FORM AND LEGALITY

THIS ____ DAY OF _____, 1982.

BRUCE O. BOXBERGER, CITY ATTORNEY



AN ORDINANCE

ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED
EMERGENCY AMBULANCE SYSTEM AND PROVIDING
FOR PRODUCTION AND PERFORMANCE STANDARDS
FOR THE PROVISION OF AMBULANCE SERVICE
THROUGH THE THREE RIVERS AMBULANCE AUTHORITY
(UNIFORM AMBULANCE ORDINANCE)

WHEREAS, the Indiana General Assembly, pursuant to Ind. Stats. §§ 16-1-39 et seq., has authorized the City of Fort Wayne, Indiana, and Allen County, Indiana, to establish, operate and maintain emergency medical services, and to that end to cooperate to authorize franchise or contract for the providing of said emergency medical services; and

WHEREAS, pursuant to the authority granted by the General Assembly, the City of Fort Wayne and Allen County have agreed to cooperate for the provision of emergency medical services to the residents and visitors to the City and County; and

WHEREAS, the City and County have studied the problem of providing emergency ambulance services to the residents of the City and County in such a way as to ensure the best possible emergency medical services at the most reasonable cost; and

WHEREAS, the City and County have determined that a modified version of the ambulance system that has come to be known as the Public Utility Model best fits the needs of the City and County; and the City and County have jointly established the Three Rivers Emergency Medical Service Ambulance Cooperative; and the Cooperative having established the Three Rivers Ambulance Authority; and

WHEREAS, the Ambulance Authority has been charged by the Cooperative with the responsibility and is providing medical transportation services consisting of advanced emergency and non-emergency services to the residents of and visitors to the City and County; and

WHEREAS, the Authority, in order to provide emergency medical services as described herein, has: (a) arranged for financing to facilitate the acquisition of necessary ambulances and related equipment costing approximately \$900,000.00; and (b) adopted a financial management system to operate the emergency medical service system as efficiently as possible; and

WHEREAS, the Fort Wayne Medical Society has formed a physicians group known as the Emergency Medical Service Foundation, Inc., to provide quality control and clinical leadership for the emergency medical services system; and

WHEREAS, the Common Council of the City of Fort Wayne and the Allen County Commissioners, through input from the Ambulance Cooperative, Ambulance Authority, Township Representatives, EMS Foundation, ambulance operators in the private sector, and volunteer providers have analyzed various options for the providing and regulation of ambulance services, and have determined that the essential features of a financially efficient and medically effective ambulance system for the Fort Wayne and Allen County area include: (1) citizens trained in CPR; (2) fully integrated and coordinated response capabilities, involving fully centralized dispatching of volunteer providers, fire department first response teams, and sophisticated advanced and basic life support ambulance units; (3) completely controlled dispatching by medically trained dispatch personnel, each capable of effecting a fully unified system-wide response to any medical emergency, including mass disasters; (4) a single provider of advanced life support ambulance service, chosen by public bid, after an interim period during which all advanced life support system operators licensed and operating as of January 1, 1982, will be allowed to continue; (5) public ownership of the essential factors of advanced life support production, to protect the public from an interruption of this essential service; (6) the mandating of stringent yet practical response time and other performance standards; (7) the mandating of stringent clinical performance standards established and enforced by independent, expert, and informed physicians, and uniform system-wide medical protocols; and (8) establishment of authoritative, independent and expert physician supervision of all elements of the ambulance system performance that affect patient care; and

WHEREAS, the implementation of such an effective ambulance system requires the passage of this Ordinance;

NOW, THEREFORE, be it ORDAINED by the Common Council of the City of Fort Wayne, Indiana;

Section 100. Name and Purpose.

1. This ordinance may be cited as the "Uniform Ambulance Ordinance."

2. It is the purpose of this Ordinance to effect the orderly and gradual implementation of the Public Utility Model for the provision of ambulance services through the delegation of specific responsibilities to the major components of the Model, the Three Rivers Emergency Medical Service Ambu-

lance Cooperative, the Three Rivers Ambulance Authority, and the Emergency Medical Services Foundation, Inc.

Section 101. Definitions.

For the purposes of this Ordinance, the following definitions shall apply:

1. Ambulance Service System. An organized, fully coordinated, and legally established network of individuals and organizations capable of effecting a fully coordinated response to every emergency medical incident, modified appropriately by the context of the competing demands upon the system at any point in time. Essential components include, but are not limited to, CPR training of the general public; single point termination telephone access to the system; fully centralized professional dispatching and system status management by medically trained dispatchers in direct radio contact with every ambulance operating in the system and who have the full authority and responsibility to manage system response under all circumstances; integrated team training and compatible equipment inventories of first responders, basic life support units, volunteer units, and paramedic units; rapid first responder and paramedic unit response times to all life threatening emergencies; and continuous, orderly, and routine physician supervision, evaluation, and authoritative corrective action to ensure persistent upgrading of ambulance system performance.

2. Ambulance. Any motor vehicle equipped with facilities to convey infirm or injured persons in a reclining position.

3. Ambulance Patient. Any ill, infirm or injured person transported in a reclining position in an ambulance to or from a hospital, physician's office, nursing home or other health care facility.

4. Base Station Physician. A physician licensed to practice medicine in the State of Indiana who has demonstrated to the satisfaction of the EMS Foundation knowledge in the medical protocols, radio procedure, medical audit process and procedure, and general operating policies of the Fort Wayne, Indiana emergency medical services system, and a person from whom ambulance attendants may take medical direction.

5. Emergency Medical Technician (EMT). An ambulance driver or attendant licensed by the State of Indiana as an Emergency Medical Technician, and certified by the Medical Director.

6. EMS Control Center. A single facility designated by the Three Rivers Ambulance Authority as the central communications center from which all ambulances subject to regulations pursuant to this Ordinance, shall be dispatched and controlled at all times.

7. Emergency Medical Services Foundation, Inc. (EMS Foundation). A professional and charitable organization formed by the Fort Wayne/Allen County Medical Society composed of licensed physicians who shall be responsible for clinical leadership, medical supervision, and regulatory quality control over all aspects of the EMS systems operation which may directly or indirectly affect patient care.

8. First Responder. Any person, fire department vehicle, police vehicle, volunteer unit, or non-transporting ambulance unit capable of providing appropriate emergency care, as evidenced by current certification as may be required for first-responder designation by the Medical Director.

9. Helicopter Rescue Unit. Any rotary wing aircraft providing basic or advanced emergency medical service and transportation.

10. Life Threatening Emergency. A situation posing immediate threat to human life or of long-term disability, including but not limited to, acute respiratory distress, shock, airway blockage, bleeding beyond control, acute poisoning, acute cardiovascular distress, or central nervous system injury.

11. Medical Audit. An official inquiry into the circumstances involving an ambulance run or request for service, conducted by a base station physician designated to conduct such an audit by the Medical Director. No physician performing a medical audit shall have been directly involved in the care of the patient who is the subject of the audit. The medical audit procedure is intended to be educational and positive and not vindictive or punitive. Any individual whose actions are under review may not be excluded from the audit process and shall have the right to appear and be heard.

12. Medical Control. Direction given ambulance personnel by a Base Station Physician through direct voice contact, with or without vital sign telemetry, as required by applicable medical protocols approved by the Medical Director.

13. Medical Director. A licensed physician appointed and paid by the EMS Foundation whose duties are more fully described in section 106, herein, who generally is charged with the responsibility of overseeing the

ambulance system from a medical perspective. The Medical Director shall serve at the pleasure of the EMS Foundation Board of Directors.

14. Medical Protocol. Any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, approved by the EMS Foundation as the normal standard of prehospital care for a given clinical condition.

15. Mutual Aid Call. Request for emergency ambulance service issued by an ambulance dispatcher or crew in one political jurisdiction to an ambulance dispatcher or ambulance crew normally operating in a neighboring political jurisdiction.

16. Operations Contractor. That person or organization which, after a public bid process, has contracted with the Ambulance Authority to operate and manage the non-volunteer portion of the ambulance system created by this Ordinance.

17. Paramedic. A person licensed by the State of Indiana as a Paramedic and certified by the Medical Director as knowledgeable of and competent to perform advanced life support procedures and the medical protocols established by the Medical Director.

18. Public Utility Model. That strategy for the organization, financing, management, and regulation of ambulance service operation which employs the use of a single level of advanced life support capability for the conducting of all emergency and non-emergency service within a geographical area, mechanisms of payment which neutralize the "fee-for-service incentive" to overserve or underserve any given patient or geographic area, optimum economies of scale to spread fixed costs of sophisticated ambulance service operations over a wider range of production, competitive procurement of "facilities management" services from a qualified private firm, financing strategies which minimize or allow minimization of local tax subsidy, ownership or direct control of all systems hardware by the public sector, and other features intended to promote clinical excellence, reliable response time performance, disaster readiness, long-range stability of service, and cost containment.

19. Response Time. The actual elapsed time between receipt of notification at the EMS Control Center that an ambulance is needed at a location and the arrival of that ambulance at the location.

20. Senior Paramedic in Charge. That individual among the certified personnel assigned to an ambulance, not the Driver, who is a certified Paramedic designated as the individual in command of the ambulance, its operation, and any other persons assigned to the ambulance on a given shift. The employer of personnel in an ambulance shall designate the senior paramedic in charge of that ambulance.

21. Special Use Permit. A permit issued by the Medical Director to hospitals, and other institutions serving the public, for the provision of specialized mobile intensive care services and emergency care.

22. Three Rivers Emergency Medical Services Cooperative. A body jointly established by Allen County and the City of Fort Wayne for the purpose of establishing and implementing the ambulance system described in this Ordinance.

23. Three Rivers Ambulance Authority. The entity established by the Three Rivers Emergency Medical Services Cooperative to oversee and manage the operations of the ambulance service system described in this Ordinance.

24. Volunteer Provider. Any non-profit organization except a township which provides ambulance service for ambulance patients; provided that no more than _____ persons employed by the volunteer provider shall receive any salary, wages or other pay for his or her work for the volunteer provider, and which provides only emergency work and does not provide routine patient transfer service.

A township may contract with the Three Rivers Ambulance Authority to be a volunteer provider if the township agrees to be bound by the terms of this ordinance, and therefore to become part of and served by the Ambulance Service System established by this ordinance. The Authority may not enter into any contractual relationship with any township unless such contract includes provisions effecting a complete coordination and integration of that township into the Ambulance Service System. A township contracting with the Three Rivers Ambulance Authority may be called a Participating Volunteer Provider.

25. Volunteer Providers' Advisory Council. The entity composed of individuals appointed by the volunteer providers who participate in the ambulance system, whose duty it shall be to advise the EMS Foundation on matters related to the development and enforcement of standards affecting volunteers

and volunteer providers. Each volunteer provider who is a full participant in the EMS System may appoint one individual to the Advisory Council, which individual shall be the physician advisor for the provider. If the provider does not have a physician advisor it may apply to the Medical Director to appoint a substitute.

Section 102. Certificates, Permits, Licenses.

102.1 Applicability. This section applies only to participants in the Ambulance Service System and those bound by the provisions of this Ordinance. Volunteer Providers operating directly under the auspices of a township are exempt from these provisions unless the township is a participant and has executed an agreement to be bound.

102.2A Certificates. No person, whether employed by or operating as a Volunteer Provider, Non-Emergency Transfer or Advanced Life Support EMS Operator, shall be employed as an ambulance driver, attendant or dispatcher of ambulances regulated by this Ordinance, unless he holds a certification issued by the Medical Director, and has passed a physical examination approved by the Medical Director.

102.2B Permit and Certification Limitations. The Medical Director shall issue probationary certificates to all new applicants. Renewal applications shall be only issued to applicants with full certification.

102.2C Criteria

(i) The Medical Director shall promulgate regulations setting forth the requirements to obtain a certificate as an ambulance driver, attendant (EMT or Paramedic), or dispatcher. The requirements shall include certification by the State of Indiana and an examination testing the applicant's knowledge of local medical protocol, special disaster procedures, the Three Rivers Ambulance System in general, and other matters appropriate to determining the applicant's fitness. A practical skills examination may also be required.

(ii) Effective May 1, 1983, (or such other date as the Medical Director determines) all ambulance drivers must maintain certification under the National EMT and Paramedic Registry Program as an EMT or Paramedic, depending on the level of certification held.

(iii) All new certificates shall be probationary and shall be for a period of six months. If the applicant has performed satisfactorily for the six month probationary period, Medical Director shall issue a full certification. If the applicant has not performed satisfactorily, the Medical Director may continue the probationary status for an additional six month term.

102.2D Application

Applications for certification as an ambulance driver, attendant or dispatcher shall be made on forms prepared or approved by the Medical Director and shall contain such information as required by the Medical Director. Each application shall be accompanied by a non-refundable application charge in the amount of \$_____, payable annually to the EMS Foundation. Nothing in this Article shall be construed as requiring the Authority or the EMS Foundation to be responsible for the cost of physical examination.

102.3A Ambulance and Helicopter Rescue Units

No ambulance regulated by this Ordinance, whether it be equipped for paramedic, advanced life support (ALS) or basic life support (BLS) and whether used for emergency or non-emergency purposes shall be used to provide ambulance service unless the ambulance has been issued a permit by the Medical Director.

102.3B Helicopter Rescue Unit

No helicopter rescue unit regulated by this Article shall be used to provide any emergency medical service unless it has been issued a permit by the Medical Director.

102.3C Criteria

(i) The Medical Director shall promulgate regulations setting forth the requirements to obtain a permit for any ambulance or helicopter rescue unit regulated by this Section and including special use permits. Permits shall be of five (5) types: Volunteer, Non-Emergency, Emergency, Helicopter, and Special. Helicopter rescue units shall be subject to regulation of on-board equipment or personnel. Helicopter rescue units shall agree to submit to control by the EMS Control Center when operating within any jurisdiction subject to regulation under this Ordinance. Helicopter rescue units and their personnel shall be subject to medical audits.

(ii) The Medical Director shall not issue a permit to any ambulance that does not meet the requirements set forth in this Ordinance for the type of permit applied for. Only ambulances meeting minimum state requirements and any additional requirements imposed by Rules and Regulations adopted by the EMS Foundation may receive any permit. Only ambulances meeting the requirements for Emergency Ambulances promulgated by the Medical Director shall receive an Emergency permit.

102.3D Applications

Applications for vehicle or helicopter permits shall be made on forms prepared and approved by the Medical Director and contain such information as required by the Medical Director. Each application shall be accompanied by a non-refundable application fee in the amount of \$_____ payable to the EMS Foundation.

102.4 Licenses Required

102.4A Providers

No person or organization, except a township which has not contracted with Three Rivers Ambulance Authority, shall operate an ambulance service rendering prehospital care or transportation to ambulance patients unless that person or organization has obtained and currently holds a provider license as determined in this section; and provided further, that the exemption to a township shall be limited to provision of services by a volunteer, not for profit organization operated directly under the auspices of the township and not by way of contract, and shall extend only to the delivery of emergency ambulance service originating within the boundaries of the township, or mutual aid assistance provided by such township volunteer service to a neighboring jurisdiction at the request of that jurisdiction.

102.4B Emergency Ambulance Providers (Non-Volunteer)

No person or organization shall operate an ambulance for the provisions of emergency ambulance service to ambulance patients unless the operator holds a valid Provider License from the Medical Director. The Medical Director shall not issue any Provider License except as follows:

- (i) The Three Rivers Ambulance Authority shall be perpetually licensed to provide Emergency ambulance service, and shall

be entitled to subcontract with the Operations Contractor for operation and management of the Ambulance Service System.

(ii) The Medical Director shall issue a Provider License to any provider of emergency medical services operating an emergency ambulance service as of January 1, 1982 to the extent of the number of vehicles in service for said provider as of January 1, 1982; (grandfather provider) provided that nothing herein shall prohibit a licensed provider from replacing or updating any ambulance equipment after January 1, 1982, and further provided that every holder of a Provider license shall be the holder of and maintain a State license authorizing the holder to operate as an ALS or paramedic unit. Suspension or revocation of the State ALS or paramedic license shall automatically cause the operator's City license to expire, and said license shall not be renewable.

(iii) No Provider License except that issued to the Three Rivers Ambulance Authority shall extend in time beyond 18 months from adoption of Ordinance.

(iv) During the 18 month period prior to competitive selection, the Medical Director shall condition the issuance of any "grandfather" Provider license on the operator's compliance with full paramedic standards adopted by the EMS Foundation governing on-board equipment, personnel, medical protocols, dispatching, system status management, medical audit participation, and all other standards applicable to non-volunteer providers.

(v) Any holder of a "grandfather" Provider License shall be required to cooperate with the Ambulance Authority to ensure effective dispatch coordination, system status management and rapid response times. In this regard:

(a) All ambulances operating for a "grandfathered" provider shall advise the central dispatching center at least thirty (30) days in advance as to the time(s) of day that the ambulance will be available for emergency ambulance dispatch for the three (3) months following;

(b) During the times any Provider ambulance is available for emergency ambulance service, the ambulance

shall be subject to the exclusive direction of the authorized EMS Control Center and shall not respond to dispatching from any other source;

(c) It shall be the responsibility of any Provider License holder to furnish an appropriate ambulance post location for each ambulance and its crew; operators shall, advise the Ambulance Authority and the EMS Control Center the hours during which each unit shall be available for emergency dispatching for a three-month period;

(d) The Ambulance Authority and the EMS Control Center shall adopt a system status management plan which shall have as its goal the placement of EMS ambulances so as to meet the response times criteria set forth in section 107 herein. The plan shall state the minimum safe level of emergency response capacity which shall be maintained in the system at all times. This minimum level may differ by hours of day or day of week depending on the anticipated demand for EMS, but the plan shall ensure minimum safe response levels at all times. All providers shall be required to tape record all telephone and radio transmissions and maintain for ninety (90) days the tapes of said transmissions. The providers must make said tapes available for medical audits or for the Medical Director at his discretion.

(e) No Provider ambulance may be removed from emergency service by the operator during the times designated under subparts (i) and (iii) above without first advising and obtaining the permission of the EMS Control Center. The EMS Control Center shall, upon request, allow a Provider ambulance to be removed from the system only if such removal will not bring the number of paramedic units remaining in the system to or below the minimum necessary to maintain the response levels stated in the system status management plan, or unless unusual conditions exist which would reasonably

necessitate maintaining a higher level emergency response capability than would normally be required at that time.

(f) The EMS Control Center shall not restrict the removal of any Provider ambulance from the system except on a fair and equitable basis, and the Control Center shall not restrict the removal of a private Provider ambulance from the system unless the Control Center similarly restricts the use of the Ambulance Authority's units.

102.4C Non-Emergency Providers

No person or organization, including a township when operating non-emergency transfer service for a fee, shall operate an ambulance for the provision of ambulance service as a non-emergency transfer service using basic life support (BLS) ambulances unless that person or organization has first obtained a Non-Emergency Transfer License from the Medical Director. The Medical Director shall issue a Non-Emergency Transfer License to any non-emergency ambulance operator operating such a service as of January 1, 1982, provided that no Non-Emergency Transfer License shall extend in time beyond 12 months from the effective date of this Ordinance, and further providing that each operator licensed under this part shall meet the provisions of each subpart as follows:

- (i) All holders of a Non-Emergency Transfer License shall comply with all reasonable standards for application, organizational stability, financial resources and medical equipment adopted by the EMS Foundation.
- (ii) All holders of a Non-Emergency Transfer License shall comply with all on-board equipment standards and communications requirements established by the EMS Foundation. These standards shall be reasonably related to equipping each ambulance for possible use as a first responder in the system and for use of the ambulance and its crew in disaster situations.
- (iii) No holder of a Non-Emergency Transfer License shall provide service unless the vehicle has on board at least two State and locally certified basic emergency medical technicians.

- (iv) All ambulance personnel working on BLS non-emergency units shall meet the same in-service training requirements as are required for volunteer personnel working for volunteer provider organizations.
- (v) In times of disaster or other severe overload of the emergency system, non-emergency vehicles shall come under the complete control of the EMS Control Center and shall remain under the control of that Center until the overload conditions have been alleviated.
- (vi) Non-emergency ambulance crews shall, to the maximum extent practical, monitor the emergency dispatch channel, and if such crew becomes aware of the existence of a Code 1 (life-threatening emergency) incident, and if the non-emergency vehicle crew has reason to believe it is nearer the call than the nearest emergency unit, the non-emergency crew shall so inform the EMS control center, and shall furnish "first responder" service if requested by the EMS control center.
- (vii) Employees of the provider of non-emergency service who regularly answer telephone requests for such service shall be required to become trained in the use of, and to utilize, limited protocols, authorized by the EMS Foundation, designed to attempt to identify requests for service which have a high probability of involving patients who, in fact, may be experiencing an emergency situation. A non-emergency provider must have phone equipment capable of transferring calls to the EMS control center. When such calls are received and so categorized, the non-emergency provider shall immediately alert the EMS control center and shall then follow the EMS control center directive relative to that call.
- (viii) Under no circumstances shall a non-emergency provider transport any patient when the provider's personnel knew or should have known that such patient qualified for transport by an emergency provider licensed pursuant to this Ordinance, as defined by transport protocols approved by the EMS Foundation.
- (ix) Providers of non-emergency transfer service shall comply with reasonable data collection and reporting requirements

specified by the EMS Foundation and shall also participate in and cooperate with any medical audits performed involving patients served by the non-emergency provider or with which the non-emergency provider organization was otherwise directly involved.

(x) No Non-Emergency Transfer License shall be renewed by the Medical Director after 12 months after the effective date hereof unless the EMS Foundation has determined by its own investigation that the provision of non-emergency transfer service using basic life support equipment by the applicant is and will be beneficial to the public health and safety.

102.4D Volunteer Providers

No person or organization except a township which has not contracted with Three Rivers Ambulance Authority shall operate an ambulance for the provisions of ambulance service as a volunteer provider unless that person or organization has first obtained a Volunteer Provider License issued by the Medical Director. The Medical Director shall issue a Volunteer Provider License to any person or organization that qualifies as a volunteer provider as defined by Section 108 of this Ordinance, and that meets the rules and regulations for Volunteer Providers adopted by the Medical Director on advice of the EMS Foundation and the Volunteer Providers' Advisory Council.

102.4E Application for Provider Licenses

(1) Applications for licenses to operate an ambulance service under this Section shall be made on forms approved or prepared by the Medical Director and shall contain such information as required by the Medical Director.

(2) Each application shall be accompanied by a non-refundable license fee of \$_____, payable annually to the EMS Foundation.

(3) No license granted under this Section except that granted to the Ambulance Authority shall extend for a term in excess of one year, and shall be renewed annually. Each application for renewal shall comply with subsections (1) and (2) above.

102.5 Revocation of Permits and Certification

The Medical Director is authorized to revoke or suspend any permit or certification issued pursuant to the provisions of this Article if the driver, attendant, dispatcher, ambulance or helicopter rescue unit fails to maintain the basic qualifications for issuance or otherwise constitutes a danger to the safety and health of patients.

102.5A Prior to revocation or suspension of a certificate a medical audit shall be conducted by the Medical Director or his designee.

102.5B If the audit results in a recommendation that the driver, attendant or dispatcher certificate should be revoked or suspended, the report shall be forwarded to the EMS Foundation Board of Directors.

102.5C The EMS Foundation shall notify the affected person of the audit results and invite him to provide any information, in writing or personally, for the Foundation's consideration.

102.5D If the EMS Foundation recommends revocation or suspension, the report shall be forwarded to the Medical Director.

102.5E The Medical Director shall provide a hearing to any person certified pursuant to this Article or ambulance or helicopter rescue unit owner or operator at which time reasons for revocation or suspension shall be explained. The affected party may present information relevant to the issue of permit revocation or suspension.

102.5F If the Medical Director determines that the risk of harm to the public is substantial, the certification may be suspended without first providing a hearing. However, a hearing shall be scheduled to convene within seven days of the suspension to consider revocation of the certification. The Medical Director may require a physical and mental examine be conducted prior to the hearing.

102.5G In lieu of suspension or revocation, the Medical Director may return the non-probationary certificate holder to probationary status, reduce the level of certification, or otherwise restrict the participation of the individual as necessary to protect the public health and safety.

102.6 Term of Licenses and Permits and Renewal.

(1) All permits and certifications issued pursuant to this Article shall be valid for a period of one year from date of issuance except as herein expressly provided.

(2) It shall be the responsibility of a permit or certificate holder to apply for a new permit or certificate no later than 30 days prior to expiration of the current permit or certificate.

(3) All renewal applications for permits or certifications shall contain the same information as original applications, and shall be accompanied by the same application fee made payable to the EMS Foundation as required for an original application.

102.6A Appeals

Adverse decisions of the base station physician may be appealed to the Medical Director. If a resolution of the appeal is unsatisfactory, the person adversely affected by the decision of the Medical Director may appeal to the Board of Directors of the EMS Foundation whose determination shall be final.

102.7 Interim System Experimental

The City and County recognize that any emergency medical service system which allows more than one provider is not ideal, as it does not allow for total control of all EMS Ambulances by the Control Center at all times. It is legislatively determined that emergency ambulance operations when subjected to competitive practices of multiple companies simultaneously serving the same city, operate under precarious financial conditions and that this type of competition is harmful to the health, safety, and welfare of residents of the State. However, it is also legislatively determined that periodic competition among companies for the right to provide ambulance services offers a safe and effective means of encouraging fair and equitable private sector participation. Therefore, all EMS providers operating as of January 1, 1982, will be allowed to continue to operate emergency ambulance service within the system for a period of eighteen (18) months after the enactment of this ordinance. At that time the Authority shall establish competitive bidding consistent with the State law to select an operator for the system.

The City and County are unable to determine whether the provision of non-emergency transfer services by more than one company causes operation of said services under precarious financial conditions and is harmful to the health, safety, and welfare of residents of the State. Therefore, all non-emergency providers operating as of January 1, 1982, will be allowed to continue to operate for a period of

twelve (12) months after the adoption of this Ordinance, at which time the EMS Foundation shall determine whether to continue with multiple providers of non-emergency transfer service or to eliminate competition. In the event competition is eliminated non-emergency transfer service shall be included on the same competitive bidding process as emergency ambulance service.

Section 103. Standards for Ambulance Service Permit-Liability Insurance.

103.1 No ambulance service permit shall be issued under this act, nor shall such permit be valid for issuance, nor shall any ambulance be operated in the City unless there is at all times in force and effect insurance coverage, in an amount of at least \$100,000 for injury to, or death of, one person, by reason of the carelessness or negligence of the driver of such ambulance, and \$300,000 for injury to, or death of, more than one person, resulting from a single accident, by reason of the carelessness or negligence of the driver of such ambulance, and \$50,000 for damage to property resulting from any single accident, by reason of the carelessness or negligence of the driver of such ambulance, issued by an insurance company licensed to do business in the State of Indiana, for each and every ambulance owned and/or operated by or for the applicant or licensee, providing for the payment of damages:

(A) For injury to or death of individuals in accidents resulting from any cause for which the owner of said vehicle would be liable on account of liability imposed in him by law, regardless of whether the ambulance was being driven by the owner or his agent; and

(B) For the loss of or damaged to the property of another under like circumstances.

103.2 Said insurance policies shall be submitted to the Medical Director for approval prior to the issuance of each ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the Medical Director, in such form as he may specify, by all licensees required to provide such insurance under the provisions of this act.

103.3 Every insurance policy required hereunder shall contain a provision for a continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon, that the liability of the insurer shall not be affected by the insolvency or the bankruptcy of the assured, and that until the policy is revoked or expires the insurance company will not be relieved

from liability on account of nonpayment of premium, failure to renew license at the end of the year, or any act or omission of the named assured. Such policy of insurance shall be further conditioned for the payment of any judgments up to the limits of said policy recovered against any person other than the owner, his agent or employee, who may operate the same with the consent or acquiescence of the owner.

103.4 Every insurance policy required hereunder shall extend for the period to be covered by the license applied for and the insurer shall be obligated to give not less than thirty (30) days written notice to the Medical Director and to the assured before any cancellation or termination thereof earlier than its expiration date and the cancellation or other termination of any such policy shall automatically revoke and terminate the permits issued for the ambulances covered by such policy, unless another insurance policy complying with the provisions of this section shall be provided and be in effect at the time of such cancellation or termination.

103.5 Each insurance policy described and required herein shall name as additional insureds the City of Fort Wayne, Allen County, the Three Rivers Ambulance Authority, and the EMS Foundation, in addition to the operator of the vehicle.

Section 104. Duties of the EMS Foundation and Medical Director

104.1 Authority to Make Regulations, Standards and Rules.

(A) The EMS Foundation Board of Directors shall have the authority to promulgate regulations, standards and rules necessary to implement the policy and intent of this Article. They shall constitute one volume to be filed in the Office of the City Clerk.

(B) The EMS Foundation Board of Directors shall consider, but not be limited to, the following factors when promulgating regulations, standards, and rules:

(i) The protection of the safety and health of the inhabitants of Fort Wayne, adopting townships, and neighboring participating political subdivisions.

(ii) Accepted standards of practice for emergency medical care;

(iii) Accepted requirements for equipment and supplies to provide advanced life support services;

- (iv) Federal and state requirements;
 - (v) Standards and recommendations of federal, state and local professional organizations interested in the provision of quality emergency medical care; and
 - (vi) Recommendations of the Medical Director.
- (C) The EMS Foundation Board of Directors shall promulgate standards controlling the following segments of the ambulance service system:
- (i) Production standards related directly or indirectly to clinical performance and patient care; including response time consistent with the provisions of section 107;
 - (ii) Diagnosis-specific and problem-oriented medical protocols to serve as the required standard of prehospital emergency care;
 - (iii) Procedures governing the reliable provision of 24-hour medical control;
 - (iv) Procedures and protocols for the operation of the EMS Control Center, which may include but not be limited to, radio protocols, telephone protocols, and other operating standards; and
 - (v) Procedures for the provisions of medical control over the delivery of advanced life support procedures by ambulance personnel, which may include but not be limited to, medical control communications standards, radio equipment standards, radio protocol, medical protocol, qualifications of base station physicians or emergency department nurses from whom ambulance personnel may take direction.
 - (vi) In-service training for ambulance personnel, EMT's and dispatchers as recommended by the EMS Foundation.
 - (vii) Standards, rules and regulations governing volunteer providers.

104.2 Duties of the Medical Director

104.2A The Medical Director shall be responsible for compliance with the Regulations, Standards and Rules promulgated under this Section.

104.2B The Medical Director shall have the duty to prescribe and procure narcotics and controlled drugs used within the System.

104.2C The Medical Director shall also serve as the Medical Advisor for the Authority as regulated by State Law.

104.3 Disaster Planning and Protocol Development.

(A) The Medical Director shall develop a plan for the rescue and medical care of persons in disaster situations.

(B) After a government proclamation has established the existence of a disaster situation whether resulting from tornado, fire, wind, flood, enemy action, or any other common disaster or catastrophe, the EMS Control Center shall be authorized to control all ambulances, helicopter rescue units, mutual aid responders, and special use vehicles.

104.4 Approvals.

(A) Communications Systems.

The EMS Foundation Board of Directors shall approve the dispatch communications system and the medical control communications system established by the Three Rivers Ambulance Authority. In revising the medical control communications system the EMS Foundation shall be consulted. Nothing herein shall prevent the Medical Director from promulgating regulations or standards controlling communications systems.

104.5 Licenses, Permits and Certificates.

The Medical Director shall issue licenses, permits and certificates consistent with the provisions of Section 102 herein.

104.6 Annual Report.

This Chairman of the Board of the Ambulance Authority shall report annually to the Common Council and the County Commissioners on the status of the ambulance service system. The report shall include, but not be limited to the financial condition of the Ambulance Authority, the subsidy supplied by the City, medical case audits, recommendations for improvements and regulations promulgated during the year. The report shall incorporate the reports of the EMS Foundation and the Ambulance Authority made to the Medical Director.

Section 105. Duties of The Three Rivers Ambulance Authority.

105.1 Generally.

It shall be the duty of the Ambulance Authority to oversee and manage the Ambulance Service System created by this Ordinance in order to provide quality ambulance service to all residents of and visitors to Fort Wayne and

Allen County, as well as other jurisdictions which may join the Ambulance Service System.

105.2 Labor and Management Services.

(A) During Interim Period.

From the date of the enactment of this Ordinance and for a period of 18 months thereafter, the Ambulance Authority shall contract with the City of Fort Wayne Emergency Medical Services Department for the supply of labor and facilities management services for the operation of the EMS Control Center and the Authority's direct ambulance operations; provided, however, that the Ambulance Authority shall integrate into the ambulance system all duly licensed "grandfathered" Emergency Providers. Non-Emergency Transfer License holders and Volunteer Providers except those which have not chosen to participate.

(B) After Interim Period

(i) Upon the expiration of all "grandfathered" Emergency Provider licenses issued by the Medical Director, the Ambulance Authority shall use a competitive bidding process to contract with a single operator for the emergency ambulance system. This operator shall be known as the operations contractor. The operations contractor operating strictly under the contractual control of the Ambulance Authority, shall then be the competitively selected sole provider of emergency ambulance services (except for volunteer providers), and if the EMS Foundation has determined that all emergency and non-emergency ambulance service should be combined into a single service, the operations contractor shall then also become the competitively selected sole provider of both emergency and non-emergency ambulance service.

(ii) To determine the best qualified company for the Three Rivers Ambulance Service System, the Ambulance Authority shall procure the contractor through competitive bidding not less than every three years.

(iii) The Ambulance Authority shall seek bids from the national market. It shall place advertisements in national trade publications as well as meet City public notice requirements with respect to its procurement policies.

(iv) The Ambulance Authority may require performance bonds or acceptable alternatives to protect its interest and that of the public.

(v) The Ambulance Authority shall consider, but not be limited to, considerations of the protection of the public safety and health by the provision of high quality prehospital emergency care and ambulance service, and of cost containment.

105.3 Ownership of Equipment.

Upon expiration of the Interim Period, the Ambulance Authority shall own, or be the primary lessee of all emergency equipment used in supplying ambulance services, except equipment utilized by Volunteer Provider Organizations.

105.4 Rates, Billing and Collections.

(A) Generally the Ambulance Authority shall determine reasonable rates for its services.

(B) The Ambulance Authority may permit the operations contractor to collect accounts representing long distance inter-city transfer work, but the operations contractor may not engage on any other collection activity.

The Ambulance Authority shall not bill townships under any applicable statutes for any service to an individual.

(C) Non-Emergency Rates.

The Ambulance Authority shall have the authority to determine its own rates charged for non-emergency ambulance service. Non-emergency rates shall not exceed rates charged in other communities for similar services.

105.5 In-Service Training.

(A) The Ambulance Authority shall assure that appropriate in-service training is provided to employees of the operations contractor by requiring the operations contractor to provide the in-service training program.

(B) The Ambulance Authority shall require that all employees of the operations contractor attend in-service training programs.

(i) In-service training programs shall be attended not less than once every month; each session shall be not less than two hours in duration.

(ii) In-service training shall include system orientation and management issues, medical audit findings and review, and clinical skill development.

(iii) In-service training shall be scheduled to permit all employees to fulfill their mandatory obligations to attend.

(iv) The Ambulance Authority shall include in its annual report to the Medical Director the extent of the in-service training accomplished. The Ambulance Authority shall maintain accurate records of attendance at in-service training which shall be provided to the Medical Director for use in considering certificate suspension or revocation and permit renewal.

(v) If an employee fails to attend in-service training during any two month period the Medical Director shall inquire of the reasons and may in his discretion and only for good cause waive the requirement. In any event, a report of the failure to attend shall be made to the Medical Director by the Ambulance Authority.

105.6 Records and Premises Open to Inspection.

The Ambulance Authority shall maintain its records and premises open to inspection by the Medical Director.

105.7 Recommendations to the Medical Director.

The Ambulance Authority shall provide recommendations to the Medical Director for the following elements of the ambulance service system:

- (A) Dispatch communication system;
- (B) Medical control communication system;
- (C) Any other matter requested by the Medical Director relative to the operation and status of the ambulance service system.

105.8 The Ambulance Authority as Operations Contractor.

In the event of an emergency in which the public health and safety are threatened by the inadequate performance of an existing operations contractor, or by the absence of qualified bids at reasonable costs for the performance of the required services, the Ambulance Authority may act as operations contractor for the duration of the emergency but in no event longer than one year.

105.9 Mutual Aid and Shared Services.

The Ambulance Authority may contract for services from neighboring providers. Such contractors shall be subject to medical audit by the EMS Foundation. Consideration for such services may be financial or in kind. Nothing in this Article shall be construed as prohibiting the Ambulance Authority from receiving or rendering emergency mutual aid without formal agreement.

Section 106. The Emergency Medical Services Foundation

106.1 Appointments.

The Emergency Medical Services Foundation (EMS Foundation) is a not for profit corporation organized and existing under the laws of the State of Indiana. Appointments to the Foundation shall be handled as described in the Foundation's Articles of Incorporation and Bylaws.

106.2 Recommendations.

The Medical Director shall provide to the EMS Foundation Board of Directors recommendations concerning the following elements of the ambulance service system:

(A) Criteria for the issuance, renewal, suspension and revocation of permits and certifications;

(B) Production standards related directly or indirectly to clinical performance and patient care;

(C) Diagnosis--specific and problem oriented medical protocols to serve as the required standard of pre-hospital emergency care;

(D) Procedures governing the relative provision of 24-hour medical control;

(E) Procedures and protocols for the operation of the EMS Control Center;

(F) Procedures for the provision of medical control over the delivery of advanced life support procedures by ambulance personnel;

(G) Standards for the medical control communications system;

(H) Elements of disaster plan designed to provide prompt quality care and rescue of persons in disaster situations.

(I) Standards, rules and regulations governing Volunteer Providers.

106.3 Medical Audits.

(A) The EMS Foundation shall perform medical audits when requested by the Medical Director or a designated base station physician, by any physician on his own patient, by any doctor involved in the case, chairman of the Ambulance Authority, Medical Director, a certified paramedic, the Volunteer Advisory Council or when in the Foundation's discretion it is determined that a specific incident merits investigation or an element of the ambulance service system may be improved and study is warranted.

(B) Audits shall be performed on a diagnosis specific basis to determine if there exists areas for improvement of treatment.

(C) An audit shall be primarily problem solving and educational in nature although from time to time punitive action as a result of audit findings may be necessary and appropriate.

106.4 Medical Director.

(A) The Medical Director shall be appointed by the EMS Foundation Board and shall serve at the pleasure of the EMS Foundation Board. The Medical Director may be a member of the EMS Foundation, but he shall resign from the Foundation Board upon his appointment as Medical Director.

(B) The Medical Director shall be compensated by the EMS Foundation.

(C) The Medical Director may delegate duties to qualified base station physicians or others whose expertise is necessary for complete and thorough medical audits.

(D) The Medical Director may appoint an Assistant to the Medical Director who shall be at least a certified paramedic, or have equivalent training and experience.

Section 107. Response Time.

107.1 A paramedic ambulance shall be on the scene of each life threatening emergency call as determined by the dispatcher at the time of the call in accordance with regulations, within eight minutes on 90% of all calls originating within the metropolitan area shown on the map attached hereto as Exhibit "A". In areas outside the metropolitan area the best efforts shall be made to arrive on the scene within eight minutes. For all presumptively

designated life threatening emergencies, through notification of the Fire or Police Department, best efforts will be made to place a first responder unit on the scene within four minutes.

107.2 For each presumptively defined life threatening emergency call exceeding eight minutes, the Ambulance Authority shall provide a general summary and the action it has taken to reduce the number of responses beyond eight minutes in similar circumstances in its annual report.

107.3 To provide prompt initial care, a first-responder program shall be developed by the Medical Director with the assistance of the EMS Foundation, the Ambulance Authority and other agencies and parties providing emergency care. This system shall have a goal of on-scene response within four minutes.

107.4 The ambulance service system shall be operated to reduce to the lowest figure reasonably attainable any discrepancies in response times throughout the City and County.

107.5 The Ambulance Authority shall contractually establish response times for all non-life threatening emergency calls, but they shall not be more stringent than that required for life-threatening emergency calls.

Section 108. Rules and Regulations Relating to Volunteer Providers and Dispatching.

108.1 In General.

The Public Utility Model envisions all ambulance service be provided by a single operator. However, the Common Council and the County Commissioners recognize the valuable role that volunteer ambulance providers may play in the system. To that end, the system adopted herein shall include a role for volunteer providers.

108.2 Rules for Dispatching of Participating Volunteer Providers.

(A) The rules and regulations contained in this Section shall be in addition to those for volunteer providers adopted by EMS Foundation Board of Directors. No rule relating to volunteer providers adopted by the EMS Foundation Board of Directors shall be inconsistent with anything in this Section. All volunteer providers subject to regulation under this ordinance shall comply with all communications and dispatching standards and with all rules and regulations as may be adopted pursuant to this Ordinance.

(B) Not later than 6 months after adoption of this ordinance, all emergency ambulance dispatching in Allen County, including that involving participating volunteer providers, shall be performed by a single EMS Control Center, staffed by ambulance dispatchers certified in accordance with standards set forth in appropriate rules and regulations. The dispatchers shall monitor continuously the status of all emergency resources available in the Allen County EMS System, and the current demands upon those resources. All providers shall advise the EMS Control Center as to the status of the providers' ambulances at all times.

(C) Effective 6 months after adoption of this ordinance, persons answering telephone requests for emergency ambulance service, whether received in the Allen County Communications Center, the City of Fort Wayne Communications Center, or by the office of "grandfathered" Emergency or Non-Emergency Provider, shall immediately upon discovering that the caller is requesting emergency ambulance service in an area served by the Three Rivers EMS System, transfer the request to the certified ambulance dispatcher at the authorized EMS Control Center. This transfer should be made in such a manner as to allow the ambulance dispatcher to talk directly with the caller, so that the most accurate possible assessment of the situation can be made, and so that appropriate direction can be given the caller concerning procedures to be taken prior to arrival of the ambulance.

(D) Between the time this ordinance is adopted and 6 months thereafter, volunteer ambulance units shall be allowed to continue to be dispatched by the County Communications Center directly, at the volunteer provider's option; provided that where emergencies apparently involving a potential need for ALS service are involved, the following rules shall apply:

(i) No ALS or paramedic ambulance may be dispatched for emergency purposes except by the designated EMS control center.

(ii) If the initial request is received by the Allen County Communications Center, or by someone in the Fort Wayne Communications Center who is not a certified ambulance dispatcher, and if the nature of the request appears to fall into the "probable ALS" category as defined by approved telephone

protocols, and if the request is for service in an area served by the Three Rivers EMS System, the call shall be immediately switched to the certified ambulance dispatcher who shall determine in accordance with approved telephone protocols whether an ALS unit is required. If that call was initially received by the County Communications Center, and if the nearest volunteer ambulance has elected to continue to be dispatched by the County Communications Center, the county dispatcher shall, immediately upon switching the call to the emergency dispatcher, alert the nearest volunteer unit.

(iii) After making the determination concerning whether an ALS unit is required, the ALS dispatcher shall dispatch the nearest appropriate ALS unit in accordance with the then-current System Status Plan.

(iv) In all cases where a volunteer unit is dispatched, the nearest volunteer unit shall be dispatched, regardless of consideration of township jurisdiction (or, as an alternate, the dispatcher may simultaneously dispatch the volunteer ambulance within whose jurisdiction the call originated).

(v) Under no conditions shall a volunteer ambulance unit be dispatched or otherwise utilized to perform non-emergency work unless said volunteer unit has previously agreed to transport non-emergency patients without charge.

(E) Where the dual dispatching or other dual utilization of both a participating volunteer ambulance unit and a Paramedic emergency vehicle are involved, the following rules concerning patient transport shall apply:

(i) If both a Paramedic ambulance and a volunteer unit are simultaneously dispatched on a call, and if the volunteer unit arrives first and determines, in accordance with approved medical protocols, that Paramedic service is not required, the volunteer crew shall have the right to cancel the Paramedic unit before the arrival of the Paramedic unit at the scene.

(iii) In the event both a paramedic unit and volunteer provider unit appear at the scene of an emergency, the volunteer crew shall retain the right to transport the patient

except if the patient, in accordance with approved medical protocols, is defined as being in need or likely to be in need of paramedic services, or the patient or responsible party prefers that transport be made by the paramedic unit, or if the volunteer crew requests that the patient be transported by the paramedic crew.

(iii) Any request for paramedic service by a participating volunteer crew shall be given the highest priority possible by the ambulance dispatch center.

108.3 Standards for Participating Volunteer Providers.

(A) The EMS Foundation, in consultation with the Volunteer Providers Advisory Council, shall recommend to the Medical Director reasonable rules and regulations for volunteer providers. These rules and regulations may include on-board equipment and communications standards; provided however, that no standard shall be imposed that would reasonably be expected to make it financially impossible for a volunteer provider to operate.

(B) The rules and regulations covering volunteer providers may require periodic local certification of volunteer crew members, provided that all skill, knowledge or training requirements in excess of those required for State certification must be determined by the Medical Director to be reasonable and practical.

(C) The Medical Director and the EMS Foundation may require in-service training of volunteers in the areas of basic life-support skill maintenance, new procedures adopted in medical protocols, use of new equipment which may be required on BLS ambulances, diagnosis--specific refresher training found necessary as a result of medical audits performed and paramedic assistance training. The number of in-service training hours that may be required of participating volunteer crew members in excess of that required by state law, shall not exceed _____ per year. No training requirements shall be made mandatory until such training has been available to volunteers for a period of sixty (60) days.

108.4 Participation in Record Keeping System and Medical Audits

Required.

Participating volunteer providers shall be subject to participation in any medical audit performed on cases in which the volunteer crew was involved. To facilitate such audits, volunteer providers shall comply with all data system reports standards, including, but not limited to the use of standard run report forms and dispatch report forms approved by the EMS Foundation. Failure by a volunteer provider to cooperate with a medical audit may result in a penalty set by the Medical Director, which may include suspension or revocation of the volunteer provider's license; provided, however, that no volunteer provider shall be penalized because of a volunteer crew member's inability to be present at a medical audit if such inability is reasonably beyond the individual's control. Any physician conducting a medical audit should use his best efforts to schedule the audit at a time and place convenient to any volunteer(s) who may be involved.

Section 109. Provision for Collection of Fees.

109.1 Every non-volunteer provider of emergency or non-emergency ambulance service in the system provided for by this ordinance shall be required to pay to the EMS Foundation a fee of three and no/100 (\$3.00) dollars per ambulance run during which a patient was transported. Such payments shall be made on a monthly basis. All such money received by the EMS Foundation shall be used to fund physician supervision, medical audits, equipment inspections, personnel testing and development and study and enforcement of standards, rules and regulations.

109.2 Every volunteer provider of emergency or non-emergency ambulance service in the system provided for by this ordinance shall _____

(to be determined after discussion with volunteers).

Section 110. Obedience of Traffic Laws.

110.1 When the senior Paramedic in charge of an ambulance has reasonable grounds to believe that an emergency exists, the driver of the ambulance may:

(A) Park or stand, irrespective of the otherwise applicable rules of law established by ordinance;

(B) Proceed past a red or stop signal or stop sign, but only after slowing as may be necessary for safe operation;

(C) Exceed the maximum speed limits permitted by the City so long as life or property is not endangered; or

(D) Disregard ordinances or regulations of the City governing the direction of movement or turning in specified directions.

110.2 The exemptions listed in subsection (A)(2)-(4) shall apply only when such ambulance is making use of audible and visual signals meeting the requirements of the regulations promulgated by the Medical Director; the exemption listed in subsection (A)(1) shall apply only when such ambulance's making use of visual signals meeting those requirements.

110.3 The exemptions listed in subsection (A) do not relieve the driver from the duty to drive with regard for the safety of all persons.

Section 111. Patient and Scene Management.

111.1 The Senior Paramedic in charge shall have the authority for patient management at the scene of an emergency.

111.2 Authority for management of the emergency scene, exclusive of medical control over patients, shall rest with public safety officials.

111.3 In the event a licensed physician appears on the scene and desires to assume direction and control of patient care, he shall execute a form which declares he has assumed responsibility for patient care.

Section 112. Destination Determination.

112.1 For all life threatening emergency calls the patient shall be taken to the nearest appropriate facility for that clinical condition in accordance with approved medical protocols, unless otherwise directed by a base station physician.

112.2 For all non-life threatening emergency calls, the patient shall be taken to the destination of the patient's choice, or in cases where the patient is incompetent or unable to make such a judgment, the patient shall be delivered to the destination requested by the appropriate party acting on behalf of the patient. If no person is available to act for the patient, he shall be delivered to the nearest available emergency receiving facility.

Section 113. Exceptions.

113.1 The provisions of this Article shall not apply to helicopter rescue units, ambulances, and their personnel which are:

(A) Owned and operated by an agency of the United States Government;

(B) Rendering assistance at the request of the EMS Control Center in cases of disaster or major emergency too great for Ambulance Authority resources, or in response to the provisions of a written mutual aid agreement signed by the Ambulance Authority;

(C) Engaged in the process of an inter-city transfer originating outside the area served by the Three Rivers EMS System;

(D) Private businesses using a company owned and operated ambulance solely for the transportation of their employees for injury or illness sustained while performing their work;

(E) Privately owned and designed for the transportation of the chronically infirm or physically handicapped, and used solely for the benefit of its owner and family, and is not for hire;

113.2 An owner or operator of an ambulance not exempted by the provisions of subsection (A) may request exemption from the Medical Director. The Medical Director shall determine whether or not the ambulance is to be used for the sole benefit of the owner or his family in permitting use of the privately owned vehicle. Appeals of this decision may be taken as provided in Section of this Ordinance.

Section 114. Violations and Penalties.

114.1 Violations.

It shall be unlawful:

(A) To perform duties as an ambulance driver, attendant (EMT OR Paramedic), or dispatcher without a current certificate issued by the Medical Director;

(B) To permit a person to work as an ambulance driver, attendant or dispatcher without a current certificate issued by the Medical Director;

(C) To use or cause to be used any ambulance service other than that established by this Ordinance unless exempted by the provisions of Section 113;

(D) To provide ambulance services, emergency or non-emergency, within the area served by the Three Rivers EMS System unless authorized by this Ordinance or exempted by the provisions of Section 113;

(E) To knowingly give false information to induce the dispatch of an ambulance or helicopter rescue unit.

114.2 Penalties.

(A) Any person convicted of violating the provisions of this Article shall be fined not less than one hundred nor more than five hundred dollars. This does not serve to limit any other remedies available to the City in law or equity.

(B) Each day that any violation of this Article is committed or permitted to continue shall constitute a separate offense.


COUNCILMAN

APPROVED AS TO FORM AND LEGALITY
THIS 24 DAY OF May, 1982.


BRUCE O. BOXBERGER, CITY ATTORNEY

Lincoln National Bank

EXHIBIT "A"

MAIN OFFICE
LINCOLN NATIONAL BUILDING
116 EAST HENRY STREET
423-6991

CLINTON-RUDISILL
3002 S. CLINTON STREET
AT RUDISILL BLVD
423-6077

COVINGTON PLAZA
632 COVINGTON PLAZA
SPRINGFIELD CENTER
423-6464

GEORGETOWN SQUARE
600 EAST STATE BLVD
423-6456

HESSEN CASSEL
3140 EAST PAULY ROAD
423-6353

HODGLAND
HODGLAND, IOWA
633-3501

NEW HAVEN
507 BROADWAY STREET
NEW HAVEN, CT
423-6767

NORTHCREST
NORTHCREST ST
SHREVEPORT, LA
423-6772

ST JOE CENTER-REED RD
4910 ST JOE CENTER ROAD
423-6356

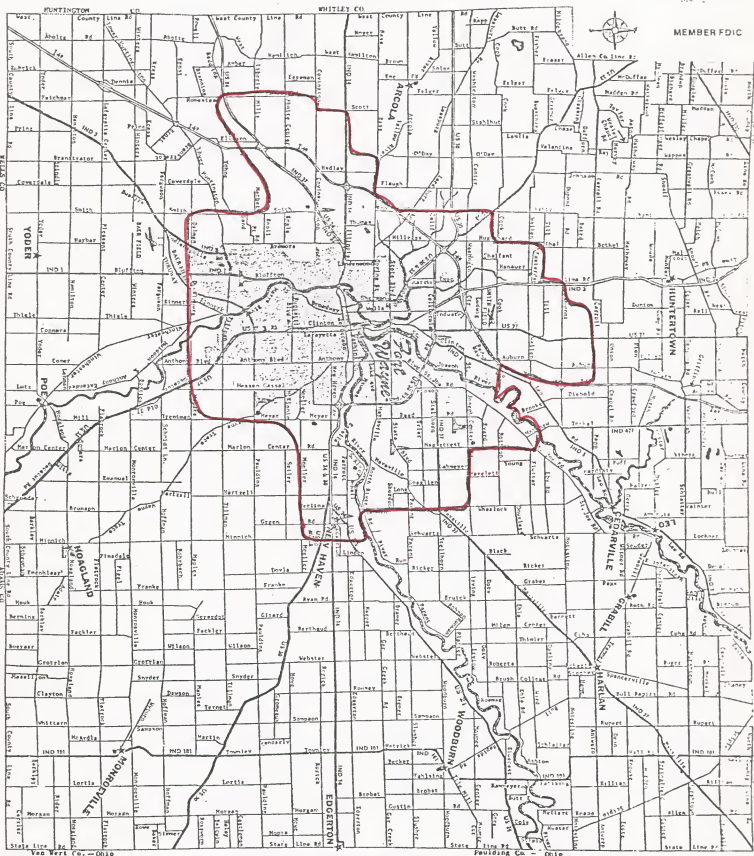
STATE OF OHIO

WAYNE

NEW HAVEN

104

MEMBER FDIC



County Organized April 1, 1824

Named for Col. John Allen of KY

Area 670 Sq. Miles

Population 315,000

Read the first time in full and on motion by _____,
seconded by _____, and duly adopted, read the second time
by title and referred to the Committee _____ (and the City
Plan Commission for recommendation) and Public Hearing to be held after
due legal notice, at the Council Chambers, City-County Building, Fort Wayne,
Indiana, on _____, the _____ day of
_____, 19____, at _____ o'clock _____ M., E.S.T.

DATE: _____

Charles W. Westerman
CHARLES W. WESTERMAN - CITY CLERK

Read the third time in full and on motion by Charles W. Westerman,
seconded by _____, and duly adopted, placed on its
passage. PASSED ~~(LOST)~~ by the following vote:

	<u>AYES</u>	<u>NAYS</u>	<u>ABSTAINED</u>	<u>ABSENT</u>	<u>TO-WIT:</u>
<u>TOTAL VOTES</u>	<u>8</u>	_____	_____	<u>1</u>	_____
<u>BRADBURY</u>	<u>X</u>	_____	_____	_____	_____
<u>BURNS</u>	<u>X</u>	_____	_____	_____	_____
<u>EISBART</u>	<u>X</u>	_____	_____	_____	_____
<u>GIAQUINTA</u>	<u>X</u>	_____	_____	_____	_____
<u>NUCKOLS</u>	_____	_____	_____	<u>X</u>	_____
<u>SCHMIDT</u>	<u>X</u>	_____	_____	_____	_____
<u>SCHOMBURG</u>	<u>X</u>	_____	_____	_____	_____
<u>STIER</u>	<u>X</u>	_____	_____	_____	_____
<u>TALARICO</u>	<u>X</u>	_____	_____	_____	_____

DATE: 7-27-82

Charles W. Westerman
CHARLES W. WESTERMAN - CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne,
Indiana, as (ZONING MAP) (GENERAL) (ANNEXATION) (SPECIAL)
(APPROPRIATION) ORDINANCE (RESOLUTION) NO. 9-16-82
on the 27th day of July, 1982.

ATTEST:

(SEAL)

Charles W. Westerman
CHARLES W. WESTERMAN - CITY CLERK

Samuel J. Talarico
PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on
the 28th day of July, 1982, at the hour of
11:30 o'clock A.M., E.S.T.

Charles W. Westerman
CHARLES W. WESTERMAN - CITY CLERK

Approved and signed by me this 28th day of July
1982, at the hour of 4 o'clock P. M., E.S.T.

Win Moses, Jr.
WIN MOSES, JR. - MAYOR

Filed 7/29

BILL NO. G-82-05-30 *(as amended)*

REPORT OF THE COMMITTEE ON REGULATIONS

WE, YOUR COMMITTEE ON Regulations TO WHOM WAS REFERRED AN
ORDINANCE ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED
EMERGENCY AMBULANCE SYSTEM AND PROVIDING FOR PRODUCTION AND PERFORMANCE
STANDARDS FOR THE PROVISION OF AMBULANCE SERVICE THROUGH THE THREE
RIVERS AMBULANCE AUTHORITY (UNIFORM AMBULANCE ORDINANCE)

HAVE HAD SAID ORDINANCE UNDER CONSIDERATION AND BEG LEAVE TO REPORT
BACK TO THE COMMON COUNCIL THAT SAID ORDINANCE Do PASS.

BEN A. EISBART - CHAIRMAN

JANET G. BRADBURY - VICE CHAIRMAN

PAUL M. BURNS

JOHN NUCKOLS

ROY J. SCHOMBURG

[Handwritten signatures: Ben A. Eisbart, Janet G. Bradbury, Paul M. Burns, John Nuckols, Roy J. Schomburg]

7-27-82 CONCURRED IN
DATE _____

CITY CLERK

Three Rivers Ambulance Authority

P.O. Box 11724
Fort Wayne, Indiana 46860

June 8, 1982

Attention: Natka Eshcoff

The following persons will be speaking on behalf of the ordinance:

John Warnett
Tom Felger, M.D.
Jerald Andrew, M.D.
Paul Blusys, M.D.
Phillip Martin
Alan Richards, M.D.
Martin Yenawine
Steve Brown
George Leonard

ALSO:

Howard Balkenbusch - Executive Director Northern Indiana E.M.S.

Jerry Stucky, M.D.
Robert Voorhees, M.D.

Bill No. G-82-05-30

Dave Droege - Basic Life Transport

Bill Sweet - Medivan

Gray Dusek - Union Representative

Emergency One Corporation

Terry Dalrymple - Allen County Providers Association

Don Yoder - Allen County Trustee Association

Two representatives of the Board of Commissioners County Allen

John Fleck



BOARD OF COMMISSIONERS OF THE COUNTY OF ALLEN

Room 200, City-County Building • Fort Wayne, Indiana 46802 • Phone: (219) 423 - 7007

JACK K. DUNIFON, RICHARD M. ELLENWOOD, RICHARD M. REGEDANZ

May 24, 1982

Councilman Sam Talarico
Room 120 City-County Building
Fort Wayne, Indiana

Dear Councilman Talarico:

Thank you for your offer of May 14, 1982, and on behalf of the Board of Commissioners of the County of Allen we will accept your invitation to join in the public hearing. I am, unfortunately, unable to affirmatively state that no additional hearings will be held by the Commissioners, however, hopefully your hearing will be sufficient.

I am not sure of the format you intend to use, however, I do not anticipate more than two representatives of our office attending your meeting. If you need any additional information, please contact me.

Very truly yours,

BOARD OF COMMISSIONERS OF
THE COUNTY OF ALLEN



RICHARD M. ELLENWOOD

RME:srg

LETTERS TO"

Dr. Jerry Andrews
Chairman of EMS Foundation Inc.
5717 S. Anthony Blvd.

Steve Brown
EMS Director

Ed Metcalf
Chairman of the EMS Authority
3401 Butler Rd.

Guy Duech EMS
1705 S. Lafayette

Bob Hohman
Emergency One
2622 Jefferds Ave.

Roland C. Ahlbrand, MD
Room 450 Allen County Corner

Howard Balkenbusch
Northern Indiana - EMS
3024 Fairfield

Larry Pickering
Representative of the Medical Society
Suite 303 - Larman Bldg.
2414 E. State
Don Yoder
Cedar Creek Twonship Trustee
18420 Tonkel Rd.
Auburn, IN 46706

Jack Stout
EMS Consultant
1705 S. Lafayette



The City of Fort Wayne

OFFICE OF THE CITY CLERK

Charles W. Westerman, Clerk — Room 122

June 3, 1982

Dear

The Common Council of the City of Fort Wayne, will hold a Public Hearing on Bill No. G-82-05-30 -- (UNIFORM AMBULANCE ORDINANCE). Councilman Eisbart, Chairman of the Regulations Committee will conduct the hearing.

It will be held on Wednesday, June 9, 1982, at 7:00 o'clock P.M., in Room 128 (Council Conference Room).

If you wish to appear to address the subject at hand, kindly submit your name to the City Clerk's Office, Room 122, City-County Bldg., or call 423-7183 and ask for Natka. You must contact this office no later than Monday, June 7, 1982, in order to be recognized by the Chair. You will be given five (5) minutes to present your testimony either in favor or in opposition.

Sincerely,

Charles W. Westerman
City Clerk



The City of Fort Wayne

OFFICE OF THE CITY CLERK

Charles W. Westerman, Clerk — Room 122

May 14, 1982

Allen County Commissioners
City-County Building, Room 200
Fort Wayne, Indiana

Dear Commissioners:

The Common Council of the City of Fort Wayne has scheduled a special public hearing on the evening of Wednesday, June 9 for the purpose of evaluating the Uniform Ambulance Regulatory Ordinance. The hearing will consist of a factual presentation by the Emergency Physicians Foundation which, at our request, has taken the prime leadership of drafting this legislation. Also, there will be opportunity for comment from citizens' groups both in favor of and in opposition to the proposed ordinance.

Since it has been the mutual intention of both the City and the County to finally insure availability of the highest quality of ambulance care to all citizens within the county, it is our sincere desire that the Commissioners will sit with the City Council at this public hearing. It would be most appropriate for our two governments to hear the total presentation at one sitting rather than require all of the participants to make two separate presentations.

If the arrangement of a joint public hearing is satisfactory with you, please contact Councilman Ben Eisbart, Chairman of the Regulations Committee of the Fort Wayne Common Council to arrange any details which may be necessary. You may contact Councilman Eisbart through the City Clerk's Office or you may contact him directly.

We look forward to this opportunity of mutual cooperation between Allen County and the City of Fort Wayne.

Sincerely,

cc: City Council
City Clerk
Mayor

Samuel Talarico, President
Common Council
One Main Street, Fort Wayne, Indiana 46802

EMS forum:

Please hold for cross
check

Edy Metcalf

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representatives
from each

Jack Sturt

1705 C. L. Harris

three minutes
authority

Dr Jerry Anderson

Chairman
of the E.M.P. Foundation

June 9
7:00

Edw. Crick

Trustees

Don Yoder

18420

10706 Auburn

Larry Pickering

Route 303

Larman Bldg. 2414 E. State

E.M.P.

3024 Fairfield

Hennrich

Balkentusch - Northern Indiana

Each of

Carver

Medi-fare

Drogue

Emergency One

Bob Lohman

Lohman

13. Dick Regadanze, County Commissioner

14. Rep of township volunteers

DIGEST SHEET*(as amended)**Y-82-05-30*TITLE OF ORDINANCE GeneralDEPARTMENT REQUESTING ORDINANCE Mayor's OfficeSYNOPSIS OF ORDINANCE Establishes and regulates ambulance service in
Fort Wayne and Allen County.EFFECT OF PASSAGE Establishment of uniform ambulance system.EFFECT OF NON-PASSAGE No ambulance system.MONEY INVOLVED (DIRECT COSTS, EXPENDITURES, SAVINGS) None.

ASSIGNED TO COMMITTEE (PRESIDENT) _____



The City of Fort Wayne

OFFICE OF THE CITY CLERK

Charles W. Westerman, Clerk — Room 122

August 2, 1982

Ms. Judy High
Fort Wayne Newspapers, Inc.
600 West Main Street
Fort Wayne, IN 46802

Dear Ms. High:

Please give the attached full coverage on the dates of August 5 and August 12, 1982, in both the News Sentinel and Journal Gazette.

RE: Legal Notice for Common Council
of Fort Wayne, Indiana

Bill No. Bill No. G-82-05-30
(as amended)
General Ordinance No. G-16-82

Bill No. G-82-07-01
General Ordinance No. G-15-82

Special Ordinance No. S-120-82
Bill No. S-82-07-05

Please send us 12 copies of the Publisher's Affidavit from both newspapers.

Thank you.

Sincerely,

Charles W. Westerman
Charles W. Westerman
City Clerk

CWW/ne
ENCL: 1

LEGAL NOTICE

Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill No. G-82-05-30 (AS AMENDED) -- General Ordinance No. G-16-82 -- AN ORDINANCE ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED EMERGENCY AMBULANCE SYSTEM AND PROVIDING FOR PRODUCTION AND PERFORMANCE STANDARDS FOR THE PROVISION OF AMBULANCE SERVICE THROUGH THE THREE RIVERS AMBLUANCE AUTHORITY (UNIFORM AMBULANCE ORDINANCE)

Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill No. G-82-07-01 -- General Ordinance No. G-15-82 -- AN ORDINANCE amending certain Sections of Chapter 17 of the Municipal Code of the City of Fort Wayne, Indiana of 1974

Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill No. S-82-07-05 -- Special Ordinance No. S-120-82 AN ORDINANCE authorizing the closing of Barr Street from the east property line of Clinton Street to the north property line of Duck Street to through traffic

I, Charlew W. Westerman, Clerk, of the City of Fort Wayne, Indiana do hereby certify that Bill No. G-82-05-30 (as amended) -- General Ordinance No. G-16-82; Bill No. G-82-07-01 -- General Ordinance No. G-15-82 and Bill No. S-82-07-05 -- Special Ordinance No. S-120-82, were passed by the Common Council on the 27th day of July, 1982, said Ordinances were signed and approved by the Mayor on the 28th day of July, 1982, and remain on file and on record in my office.

Copies of Bill No. G-82-05-30 (as amended) -- General Ordinance No. G-16-82; Bill No. G-82-07-01 -- General Ordinance No. G-15-82 and Bill No. S-82-07-05 -- Special Ordinance No. S-120-82 will be posted for reading in the following places in Fort Wayne, Allen County, Indiana

- (1) The main floor of the City-County Building
- (2) The bulletin board in the lobby of Downtown Fort Wayne Public Library
- (3) The bulletin board in the lobby at the east door of the Allen County Court House

Copies of Bill No. G-82-05-30 (as amended) -- General Ordinance No. G-16-82; Bill No. G-82-07-01 -- General Ordinance No. G-15-82 and Bill No. S-82-07-05 -- Special Ordinance No. S-120-82 will be available for reading in the following places in Fort Wayne, Allen County, Indiana

- (1) Reference Room in the north end of the main floor in said Downtown Public Library
- (2) The Journal of the Common Council Proceedings in the Office of the City Clerk of Fort Wayne, Indiana

Charles W. Westerman
Charles W. Westerman - City Clerk

Page 2

I, Charles W. Westerman, Clerk of the City of Fort Wayne, Indiana, fulfilled and posted the above ordinances in the designated places as stated on August 5, 1982.

Charles W. Westerman
Charles W. Westerman - City Clerk

PUBLISHER'S CLAIM

LINE COUNT

Display	Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of the type in which the body of the advertisement is set) - number of equivalent lines	
Head	number of lines	1
Body	number of lines	27
Tail	number of lines	2
Total number of lines in notice		100

COMPUTATION OF CHARGES

100 lines, 1 columns wide equals 100 equivalent lines at 200¢ \$20.00
cents per line

Additional charge for notices containing rule or tabular work (50 per cent of above amount)

LEGAL NOTICE
Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill No. G-82-05-30 (AS AMENDED) — AN ORDINANCE ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED EMERGENCY AMBULANCE SYSTEM AND PROVIDING FOR PRODUCTION STANDARDS FOR THE PROVISION OF AMBULANCE SERVICE THROUGH THE THREE RIVERS AMBULANCE AUTHORITY (UNIFORM AMBULANCE ORDINANCE)
Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill No. G-82-07-01 — General Ordinance No. G-16-82; Bill No. G-82-07-01 — General Ordinance No. G-15-82 — AN ORDINANCE amending certain Sections of Chapter 17 of the Municipal Code of the City of Fort Wayne, Indiana of 1974.
Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill No. G-82-07-05 — Special Ordinance No. S-120-82 AN ORDINANCE authorizing the closing of Barr Street from the east property line of Clinton Street to the north property line of Duck Street to through traffic.
I, Charles W. Westernman, Clerk of the City of Fort Wayne, Indiana do hereby certify that Bill No. G-82-05-30 (as amended) — General Ordinance No. G-16-82; Bill No. G-82-07-01 — General Ordinance No. G-15-82 and Bill No. G-82-07-05 — Special Ordinance No. S-120-82, were passed by the Common Council on the 27th day of July, 1982, said Ordinances were signed and approved by the Mayor on the 28th day of July, 1982, and remain on file and on record in my office.
Copies of Bill No. G-82-05-30 (as amended) — General Ordinance No. G-16-82; Bill No. G-82-07-01 — General Ordinance No. G-15-82 and Bill No. G-82-07-05 — Special Ordinance No. S-120-82 will be posted for reading in the following places in Fort Wayne, Allen County, Indiana:
(1) The main floor of the City-Court Building
(2) The bulletin board in the lobby of Downtown Fort Wayne Public Library
(3) The bulletin board in the lobby at the east door of the Allen County Courthouse.
Copies of Bill No. G-82-05-30 (as amended) — General Ordinance No. G-16-82; Bill No. G-82-07-01 — General Ordinance No. G-15-82 and Bill No. G-82-07-05 — Special Ordinance No. S-120-82 will be available for reading in the following places in Fort Wayne, Allen County, Indiana:
(1) Reference Room in the north end of the main floor in said Downtown Public Library
(2) The Journal of the Common Council Proceedings in the Office of the City Clerk of Fort Wayne, Indiana
CHARLES W. WESTERMAN
City Clerk

Cost of publication (50 cents for each proof in excess of two) 10 extra \$5.00
COUNT OF CLAIM. \$25.00

Width 9.6 picas Size of type 6 point
Size of quad upon which type is cast 6

Provisions of Ch. 89, Acts 1967.

The amount claimed is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same

D. ROOSE

CLERK

PUBLISHER'S AFFIDAVIT

State of Indiana
ALLEN County SS:
Personally appeared before me, a notary public in and for said county and state, the undersigned, D. ROOSE, who, being duly sworn, says that she is, CLERK of the

NEWS-SENTINEL
DAILY newspaper of general circulation printed and published in the English language in the city of FORT WAYNE, INDIANA

in state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for two times, the dates of publication being as follows: 8/5 - 8/12/82

Subscribed and sworn to before me this 12th day of August 19

D. ROOSE
Anne M. Perkins
Notary Public

My commission expires November 29, 1985

To NEWS-SENTINEL Dr.

Allen

County, Ind

FORT WAYNE, INDIANA

PUBLISHER'S CLAIM

LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of the type in which the body of the advertisement is set) - number of equivalent lines _____

Head number of lines _____ 1

Body number of lines _____ 97

Tail number of lines _____ 2

Total number of lines in notice _____ 100

COMPUTATION OF CHARGES

100 lines, 1 columns wide equals 100 equivalent lines at 200¢ \$20.00
cents per line

Additional charge for notices containing rule or tabular work (50 per cent of above amount) _____

Charge for extra proofs of publication (50 cents for each proof in excess of two) 10 extra 5.00

TOTAL AMOUNT OF CLAIM. \$25.00

DATA FOR COMPUTING COST

Width of single column 9.6 picas Size of type _____ 6 point

Number of insertions 2 Size of quad upon which type is cast _____ 6

Pursuant to the provision and penalties of Ch. 89, Acts 1967.

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

D. ROOSE

Date Aug. 12 82

Title CLERK

Form 903

PUBLISHER'S AFFIDAVIT

State of Indiana

ALLEN County SS:

Personally appeared before me, a notary public in and for said county and state, the undersigned D. ROOSE who, being duly sworn, says that she is CLERK of the

NEWS-SENTINEL
DAILY newspaper of general circulation printed and published in the English language in the city of FORT WAYNE, INDIANA town

in state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for two times the dates of publication being as follows: 8/5 - 8/12/82

Subscribed and sworn to before me this 12th day of August 19 82

November 29, 1985

My commission expires _____

NOTICE OF UNRESERVED ESTATE OF LORRAINE BOYD, deceased. All persons having claims against said estate, whether or not owing due, must file the same in said court within five (5) months from the date of the first publication of this notice of said claims will be deemed waived without Court approval. Dated at Fort Wayne, Indiana, this 23rd day of July, 1982. Robert W. Fisher, Clerk, Allen Superior Court. CHARLES W. WESTERMAN, City Clerk.

Fort Wayne Common Council

To JOURNAL-GAZETTE Dr.

(Governmental Unit)

Allen

County, Ind.

FORT WAYNE, INDIANA

PUBLISHER'S CLAIM

LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of the type in which the body of the advertisement is set) - number of equivalent lines

Head number of lines

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Body number of lines

97

Tail number of lines

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Total number of lines in notice

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COMPUTATION OF CHARGES

100 lines, 1 columns wide equals 100 equivalent lines at .200¢ \$ 20.00
cents per line

Additional charge for notices containing rule or tabular work (50 per cent of above amount)

Charge for extra proofs of publication (50 cents for each proof in excess of two) 10 extra \$ 5.00

TOTAL AMOUNT OF CLAIM.

\$ 25.00

DATA FOR COMPUTING COST

Width of single column 9.6 picas

Size of type 6 point

Number of insertions 2

Size of quad upon which type is cast 6

Pursuant to the provision and penalties of Ch. 89, Acts 1967.

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Date Aug. 12, 1982

Title CLERK

Form

PUBLISHER'S AFFIDAVIT

I, a

person

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To JOURNAL-GAZETTE Dr.

Allen

..County, Ind.

FORT WAYNE, INDIANA

LINE COUNT

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Body	number of lines
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100	100

Tail number of lines

Total number of lines in notice

COMPUTATION OF CHARGES

100 lines, 1 columns wide equals 100 equivalent lines at 200¢ \$ 20.00
cents per line

Additional charge for notices containing rule or tabular work (50 per cent of above amount)

Charge for extra proofs of publication (50 cents for each proof in excess of two) 10 extra

TOTAL AMOUNT OF CLAIM.

DATA FOR COMPUTING COST

Width of single column 9.6 picas

Size of type 6 point

Number of insertions 2

Size of quad upon which type is cast.....⁶

Pursuant to the provision and penalties of Ch. 89., Acts 1967.

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Date Aug. 12 1982

Title **CLERK**

Form 904

PUBLISHER'S AFFIDAVIT

State of Indiana

ALLEN County SS:

Personally appeared before me, a notary public in and for said county and state, the undersigned, ARVILLA DEWALD, who, being duly sworn, says

that she is _____ **CLERK** _____ of the _____

JOURNAL-GAZETTE

a.....**DAILY**..... newspaper of general circulation printed and published
in the English language in the city of **FORT WAYNE, INDIANA**
town of

in state and county aforesaid, and that the printed matter attached hereto is a true copy, which was duly published in said paper for.....two times....., the dates of publication being as follows: 0-15 0-16-1900

8/5 - 8/12/82

Subscribed and sworn to before me this 12 th day of August, 1982

My commission expires November 29, 1985

ATTACH C

LEGAL NOTICE

LEGAL NOTICE
Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill:
General Ordinance No. G-16-82
AN ORDINANCE ESTABLISHING A FULLY COORDINATED AMBULANCE AGENCY AMBULANCE SYSTEM AND PROVIDING FOR PRODUCTION OF AMBULANCE STANDARDS FOR THE PROVISION OF AMBULANCE SERVICE TO THE CITY OF FORT WAYNE, INDIANA, BY THE AMBULANCE AUTHORITY (UNIFORM AMBULANCE ORDINANCE).

Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill
No. G-82-07-01 — General Ordinance
AN ORDINANCE AMENDING SECTION 1 OF CHAPTER 17 OF THE MUNICIPAL CODE OF THE CITY OF FORT WAYNE, INDIANA.

Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill

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ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED
EMERGENCY AMBULANCE SYSTEM AND PROVIDING
FOR PRODUCTION AND PERFORMANCE STANDARDS
FOR THE PROVISION OF AMBULANCE SERVICE
THROUGH THE THREE RIVERS AMBULANCE AUTHORITY
(UNIFORM AMBULANCE ORDINANCE)

WHEREAS, the Indiana General Assembly, pursuant to Ind. Stat. 16-1-32 et seq., has authorized the City of Fort Wayne, Indiana and Allen County, Indiana, to establish, operate and maintain emergency medical services, and to that and to cooperate to authorize franchise or contract for the providing of said emergency medical services; and

WHEREAS, pursuant to the authority granted by the General Assembly, the City of Fort Wayne and Allen County have agreed to cooperate for the provision of emergency medical services to the residents and victors to the City and County; and

WHEREAS, the City and County have studied the problem of providing emergency ambulance services to the residents of the City and County in such a way as to ensure the best possible emergency medical service at the most reasonable cost; and

WHEREAS, the City and County have determined that a modified version of the ambulance system that has come to be known as the Public Utility Model best fits the needs of the City and County; and the City and County have jointly established the Three Rivers Emergency Medical Service Ambulance Cooperative; and the Cooperative having established the Three Rivers Ambulance Authority; and

WHEREAS, the Ambulance authority has been charged by the Cooperative with the responsibility and is providing medical transportation services consisting of advanced emergency and non-emergency services to the residents of and victors to the City and County; and

WHEREAS, the Authority, in order to provide emergency medical services as described herein, has: (a) arranged for financing to facilities the acquisition of necessary ambulances and related equipment costing approximately \$900,000.00; and (b) adopted a financial management system to operate the emergency medical service system as efficiently as possible; and

WHEREAS, the Fort Wayne Medical Society has formed a physicians group known as the Emergency Medical Service Foundation, Inc., to provide quality control and clinical leadership for the emergency medical service system; and

AMENDMENT TO THREE RIVERS EMERGENCY MEDICAL SERVICES
INTERLOCAL COOPERATIVE AGREEMENT

15 11 11 11
OCT 15 1985 238

Altona J. Douglas
AUDITOR OF ALLEN COUNTY

This document is made and entered into this 8th
day of Oct, 1985, by all of the members of the Board
of Trustees of the Three Rivers Emergency Medical Services
Interlocal Cooperative ("Cooperative").

WITNESSETH:

WHEREAS, the City of Fort Wayne, Indiana ("City")
and the County of Allen, State of Indiana, by its Commissioners
("County") are parties to the Three Rivers Emergency Medical
Services Interlocal Cooperative Agreement ("Agreement") recorded
as Document Number 81-014260 in the Allen County Recorder's Office,
Allen County, Indiana;

WHEREAS, such Agreement creates the Three Rivers
Ambulance Authority ("Authority") for purposes of providing certain
ambulance services to residents of this area;

WHEREAS, such Agreement contains therein certain
powers, rights, and privileges that the Authority has;

WHEREAS, such Agreement, pursuant to Article 14
thereof, may only be amended by a unanimous vote of all of the
members of the Board of Trustees of the Cooperative; and

WHEREAS, all of the members of the Board of Trustees
of the Cooperative desire to amend the Agreement.


NOW, THEREFORE, all of the members of the Board of
Trustees of the Cooperative do hereby amend the Agreement as follows:


1. Paragraph 9(b) of the Agreement is hereby amended by deleting in its entirety the present language and replacing therewith the following:

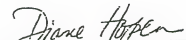
"(b) The Authority may acquire and/or lease, in its own name, real estate, capital equipment, and other personal property deemed necessary by the Authority for the operation of the Authority and the rendering of services by the Authority. The Authority may also borrow monies upon terms and conditions as deemed appropriate by the Authority, and the Authority may further pledge and/or otherwise encumber its property to accomplish such borrowing. Provided, however, that the Authority shall have no power to pledge either the taxing authority or property of either the city or the county unless so approved by such governmental unit for whose taxing authority or property is to be pledged."

2. All other terms and provisions of the Agreement are hereby confirmed and ratified.

IN WITNESS WHEREOF, the amendments herein made have been unanimously approved and adopted by all members of the Board of Trustees of the Cooperative this 8th day of Oct, 1985.


Don Yoder, Trustee Member of
Allen County, Indiana


Bruce O. Boxberger, Trustee
Member of City of Fort Wayne,
Indiana


Diane Hopfen, Trustee Member of
Emergency Medical Services
Foundation, Inc.

BILL NO. G-82-05-30
(as amended)

ORDINANCE NO. G-16-82

AN ORDINANCE, AS AMENDED

ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED
EMERGENCY AMBULANCE SYSTEM AND PROVIDING
FOR PRODUCTION AND PERFORMANCE STANDARDS
FOR THE PROVISION OF AMBULANCE SERVICE
THROUGH THE THREE RIVERS AMBULANCE AUTHORITY
(UNIFORM AMBULANCE ORDINANCE)

WHEREAS, the Indiana General Assembly, pursuant to Ind. Stats. §§ 16-1-32 et seq., has authorized the City of Fort Wayne, Indiana, and Allen County, Indiana, to establish, operate and maintain emergency medical services, and to that end to cooperate to authorize franchise or contract for the providing of said emergency medical services; and

WHEREAS, pursuant to the authority granted by the General Assembly, the City of Fort Wayne and Allen County have agreed to cooperate for the provision of emergency medical services to the residents and visitors to the City and County; and

WHEREAS, the City and County have studied the problem of providing emergency ambulance services to the residents of the City and County in such a way as to ensure the best possible emergency medical services at the most reasonable cost; and

WHEREAS, the City and County have determined that a modified version of the ambulance system that has come to be known as the Public Utility Model best fits the needs of the City and County; and the City and County have jointly established the Three Rivers Emergency Medical Service Ambulance Cooperative; and the Cooperative having established the Three Rivers Ambulance Authority; and

WHEREAS, the Ambulance Authority has been charged by the Cooperative with the responsibility and is providing medical transportation services consisting of advanced emergency and non-emergency services to the residents of and visitors to the City and County; and

WHEREAS, the Authority, in order to provide emergency medical services as described herein, has: (a) arranged for financing to facilitate the acquisition of necessary ambulances and related equipment costing approximately \$900,000.00; and (b) adopted a financial management system to operate the emergency medical service system as efficiently as possible; and

WHEREAS, the Fort Wayne Medical Society has formed a physicians group known as the Emergency Medical Service Foundation, Inc., to provide quality control and clinical leadership for the emergency medical services system; and

WHEREAS, the Common Council of the City of Fort Wayne and the Allen County Commissioners, through input from the Ambulance Cooperative, Ambulance Authority, Township Representatives, EMS Foundation, ambulance operators in the private sector, and volunteer providers have analyzed various options for the providing and regulation of ambulance services, and have determined that the essential features of a financially efficient and medically effective ambulance system for the Fort Wayne and Allen County area include: (1) citizens trained in CPR; (2) fully integrated and coordinated response capabilities, involving fully centralized dispatching of volunteer providers, fire department first response teams, and sophisticated advanced and basic life support ambulance units; (3) completely centralized dispatching by medically trained dispatch personnel, each capable of effecting a fully unified system-wide response to any medical emergency, including mass disasters; (4) a single provider of advanced life support ambulance service, chosen by public bid, to be awarded within 18 months of enactment of this ordinance; (5) public ownership of the essential factors of advanced life support production, to protect the public from an interruption of this essential service; (6) the mandating of stringent yet practical response time and other performance standards; (7) the mandating of stringent clinical performance standards established and enforced by independent, expert, and informed physicians and uniform system-wide medical protocols; and (8) establishment of authoritative, independent and expert physician supervision of all elements of the ambulance system performance that affect patient care; and

WHEREAS, the implementation of such an effective ambulance system requires the passage of this Ordinance:

NOW, THEREFORE, be it ORDAINED by the Common Council of the City of Fort Wayne, Indiana;

Section '00. Name and Purpose.

1. This ordinance may be cited as the "Uniform Ambulance Ordinance."

2. It is the purpose of this Ordinance to effect the orderly and gradual implementation of the Public Utility Model for the provision of ambulance services through the delegation of specific responsibilities to the major components of the Model, the Three Rivers Emergency Medical Service Ambulance Cooperative, the Three Rivers Ambulance Authority, and the Emergency Medical Services Foundation, Inc.

Section 101. Definitions.

For the purposes of this Ordinance, the following definitions shall apply:

1. Ambulance Service System. An organized, fully coordinated, and legally established network of individuals and organizations capable of effecting a fully coordinated response to every emergency medical incident, modified appropriately by the context of the competing demands upon the system at any point in time. Essential components include, but are not limited to, CPR training of the general public; single point termination telephone access to the system; fully centralized professional dispatching and system status management by medically trained dispatchers in direct radio contact with every ambulance operating in the system and who have the full authority and responsibility to manage system response under all circumstances; integrated team training and compatible equipment inventories of first responders, basic life support units, volunteer units, and paramedic units; rapid first responder and paramedic unit response times to all life threatening emergencies; and continuous, orderly, and routine physician supervision, evaluation, and authoritative corrective action to ensure persistent upgrading of ambulance system performance.

2. Ambulance. Any motor vehicle equipped with facilities to convey infirm or injured persons in a reclining position.

3. Ambulance Patient. Any ill, infirm or injured person transported in a reclining position in an ambulance to or from a hospital, physician's office, nursing home or other health care facility.

4. Base Station Physician. A physician licensed to practice medicine in the State of Indiana who has demonstrated to the satisfaction of the EMS Foundation knowledge in the medical protocols, radio procedure, medical audit process and procedure, and general operating policies of the Fort Wayne, Indiana emergency medical services system, and a person from whom ambulance attendants may take medical direction.

5. Emergency Medical Technician (EMT). An ambulance driver or attendant licensed by the State of Indiana as an Emergency Medical Technician, and certified by the Medical Director.

6. EMS Control Center. A single facility designated by the Three Rivers Ambulance Authority as the central communications center from which all ambulances subject to regulations pursuant to this Ordinance, shall be dispatched and controlled at all times.

7. Emergency Medical Services Foundation, Inc. (EMS Foundation). A professional and charitable organization formed by the Fort Wayne/Allen County Medical Society composed of licensed physicians who shall be responsible for clinical leadership, medical supervision, and regulatory quality control over all aspects of the EMS systems operation which may directly or indirectly affect patient care.

8. First Responder. Any person, fire department vehicle, police vehicle, volunteer unit, or non-transporting ambulance unit capable of providing appropriate emergency care, as evidenced by current certification as may be required for first-responder designation by the Medical Director.

9. Helicopter Rescue Unit. Any rotary wing aircraft providing basic or advanced emergency medical service and transportation.

10. Life Threatening Emergency. A situation posing immediate threat to human life or of long-term disability, including but not limited to: acute respiratory distress, shock, airway blockage, bleeding beyond control, acute poisoning, acute cardiovascular distress, or central nervous system injury.

11. Medical Audit. An official inquiry into the circumstances involving an ambulance run or request for service, conducted by a member of the EMS Foundation who is qualified by the EMS Foundation designated to conduct such an audit by the EMS Foundation Board. No physician performing a medical audit shall have been directly involved in the care of the patient who is the subject of the audit. The medical audit procedure is intended to be educational and positive and not vindictive or punitive. Any individual whose actions are under review may not be excluded from the audit process and shall have the right to appear and be heard.

12. Medical Control. Direction given ambulance personnel by a Base Station Physician through direct voice contact, with or without vital sign telemetry, as required by applicable medical protocols approved by the Medical Director.

13. Medical Director. A licensed physician appointed and paid by the EMS Foundation whose duties are more fully described in section 105, herein, who generally is charged with the responsibility of overseeing the ambulance system from a medical perspective. The Medical Director shall serve at the pleasure of the EMS Foundation Board of Directors.

14. Medical Protocol. Any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, approved by the EMS Foundation as the normal standard of prehospital care for a given clinical condition.

15. Mutual Aid Call. Request for emergency ambulance service issued by an ambulance dispatcher or crew in one political jurisdiction to an ambulance dispatcher or ambulance crew normally operating in a neighboring political jurisdiction.

16. Operations Contractor. That person or organization which, after a public bid process, has contracted with the Ambulance Authority to operate and manage the non-volunteer portion of the ambulance system created by this Ordinance.

17. Paramedic. A person licensed by the State of Indiana as a Paramedic and certified by the Medical Director as knowledgeable of and competent to perform advanced life support procedures and the medical protocols established by the Medical Director. ...

18. Public Utility Model. That strategy for the organization, financing, management, and regulation of ambulance service operation which employs the use of a single level of advanced life support capability for the conducting of all emergency and non-emergency service within a geographical area, mechanisms of payment which neutralize the "fee-for-services incentive" to overserve or underserve any given patient or geographic area, optimum economies of scale to spread fixed costs of sophisticated ambulance service operations over a wider range of production, competitive procurement of "facilities management" services from a qualified private firm, financing strategies which minimize or allow minimization of local tax subsidy, ownership or direct control of all systems hardware by the public sector, and other features intended to promote clinical excellence, reliable response time performance, disaster readiness, long-range stability of service, and cost containment.

19. Response Time. The actual elapsed time between receipt of notification at the EMS Control Center that an ambulance is needed at a location and the arrival of that ambulance at the location.

20. Senior Paramedic in Charge. That individual among the certified personnel assigned to an ambulance, not the Driver, who is a certified Paramedic designated as the individual in command of the ambulance, its operation, and any other persons assigned to the ambulance on a given shift. The employer of personnel in an ambulance shall designate the senior paramedic in charge of that ambulance.

21. Special Use Permit. A permit issued by the Medical Director to hospitals, and other institutions serving the public, for the provision of specialized mobile intensive care services and emergency care.

22. Three Rivers Emergency Medical Services Cooperative. A body jointly established by Allen County and the City of Fort Wayne for the purpose of establishing and implementing the ambulance system described in this Ordinance.

23. Three Rivers Ambulance Authority. The entity established by the Three Rivers Emergency Medical Services Cooperative to oversee and manage the operations of the ambulance service system described in this Ordinance.

24. Volunteer Provider. Any non-profit organization except a township which provides ambulance service for ambulance patients; provided that a majority of the manpower furnished by the volunteer provider shall not receive any salary, wages or other pay for his or her work for the volunteer provider, and which provides only emergency work and does not provide routine patient transfer service.

A township may contract with the Three Rivers Ambulance Authority to be a volunteer provider if the township agrees to be bound by the terms of this ordinance, and therefore to become part of and served by the Ambulance Service System established by this ordinance. The Authority may not enter into any contractual relationship with any township unless such contract includes provisions effecting a complete coordination and integration of that township into the Ambulance Service System. A township contracting with the Three Rivers Ambulance Authority may be called a Participating Volunteer Provider.

25. Volunteer Providers' Advisory Council. The entity composed of individuals appointed by the volunteer providers who participate in the ambulance system, whose duty it shall be to advise the EMS Foundation on matters related to the development and enforcement of standards affecting volunteers and volunteer providers. Each volunteer provider who is a full participant in the EMS System may appoint one individual to the Advisory Council, which individual shall be the physician advisor for the provider. If the provider does not have a physician advisor it may apply to the Medical Director to appoint a substitute.

Section 102. Certificates, Permits, Licenses.

102.1 Applicability.

This section applies only to participants in the Ambulance Service System and those bound by the provisions of this Ordinance. Volunteer Providers operating directly under the auspices of a township are exempt from these provisions unless the township is a participant and has executed an agreement to be bound.

102.2A Certificates.

No person, whether employed by or operating as a Volunteer Provider, Non-Emergency Transfer or Advanced Life Support EMS Operator, shall be employed as an ambulance driver, attendant or dispatcher of ambulances regulated by this Ordinance, unless he holds a certification issued by the Medical Director, and has passed a physical examination approved by the Medical Director.

102.2B Permit and Certification Limitations.

The Medical Director shall issue probationary certificates to all new applicants. Renewal applications shall be only issued to applicants with full certification.

102.2C Criteria

(i) The Medical Director, subject to approval of the EMS Foundation Board, shall promulgate regulations setting forth the requirements to obtain a certificate as an ambulance driver, attendant (EMT or Paramedic), or dispatcher. The requirements shall include certification by the State of Indiana and an examination testing the applicant's knowledge of local medical protocol, special disaster procedures, the Three Rivers Ambulance System

In general, and other matters appropriate to determining the applicant's fitness. A practical skills examination may also be required.

(ii) Effective May 1, 1983, (or such other date as the Medical Director determines) all ambulance drivers must maintain certification under the National EMT and Paramedic Registry Program as an EMT or Paramedic, depending on the level of certification held.

(iii) All new certificates shall be probationary and shall be for a period of six months. If the applicant has performed satisfactorily for the six month probationary period, Medical Director shall issue a full certification. If the applicant has not performed satisfactorily, the Medical Director may continue the probationary status for an additional six month term.

102.20 Application

Applications for certification as an ambulance driver, attendant or dispatcher shall be made on forms prepared or approved by the Medical Director and shall contain such information as required by the Medical Director. Each application shall be accompanied by a non-refundable application charge in the amount of \$30.00, payable annually to the EMS Foundation, except that no application fee shall be charged to unpaid members of volunteer providers. Nothing in this Article shall be construed as requiring the Authority or the EMS Foundation to be responsible for the cost of physical examination.

102.3A Ambulance and Helicopter Rescue Units

No ambulance regulated by this Ordinance, whether it be equipped for paramedic, advanced life support (ALS) or basic life support (BLS) and whether used for emergency or non-emergency purposes shall be used to provide ambulance service unless the ambulance has been issued a permit by the Medical Director.

102.3B Helicopter Rescue Unit

No helicopter rescue unit regulated by this Article shall be used to provide any emergency medical service unless it has been issued a permit by the Medical Director.

102.3C Criteria

(i) The Medical Director, subject to approval of the EMS Foundation Board, shall promulgate regulations setting forth the requirements to obtain a permit for any ambulance or helicopter rescue unit regulated by this Section and including special use permits. Permits shall be of five (5) types: Volunteer, Non-Emergency, Emergency, Helicopter, and Special. Helicopter rescue units shall be subject to regulation of on-board equipment or personnel. Helicopter rescue units shall agree to submit to control by the EMS Control Center when operating within any jurisdiction subject to regulation under this Ordinance. Helicopter rescue units and their personnel shall be subject to medical audits.

(ii) The Medical Director shall not issue a permit to any ambulance that does not meet the requirements set forth in this Ordinance for the type of permit applied for. Only ambulances meeting minimum state requirements and any additional requirements imposed by Rules and Regulations adopted by the EMS Foundation may receive any permit. Only ambulances meeting the requirements for Emergency Ambulances promulgated by the Medical Director shall receive an Emergency permit.

102.3D Applications

Applications for vehicle or helicopter permits shall be made on forms prepared and approved by the Medical Director and contain such information as required by the Medical Director. Such application shall be accompanied by a non-refundable application fee in the amount of \$50.00 payable to the EMS Foundation, except that no charge shall be made for vehicles operated by Volunteer Providers.

102.4 Licenses Required102.4A Providers

No person or organization, except a township which has not contracted with Three Rivers Ambulance Authority, shall operate an ambulance service rendering prehospital care or transportation to ambulance patients unless that person or organization has obtained and currently holds a provider license as determined in this section; and provided further, that the exemption to a township shall be limited to

provision of services by a volunteer, not for profit organization operated directly under the auspices of the township and not by way of contract, and shall extend only to the delivery of emergency ambulance service originating within the boundaries of the township, or mutual aid assistance provided by such township volunteer service to a neighboring jurisdiction at the request of that jurisdiction.

102.4B Non-Volunteer Ambulance Providers

It is legislatively determined that ambulance operations when subjected to competitive practices of multiple companies simultaneously serving the same city, operate under precarious financial conditions and that this type of competition is harmful to the health, safety, and welfare of residents. However, it is also determined that periodic competition among companies for the right to provide ambulance services offers a safe and effective means of encouraging fair and equitable private sector participation.

Therefore, no non-volunteer person or organization shall operate an ambulance for the provisions of emergency or non-emergency ambulance service to ambulance patients except the Three Rivers Ambulance Authority and its Operations Contractor. The Three Rivers Ambulance Authority shall be perpetually licensed to provide full service ambulance operations, and shall be required to subcontract with the Operations Contractor for operation and management of the Ambulance Service System.

The City of Fort Wayne EMS Department shall be the Operations Contractor until such time as a competitively selected operator is retained and commences operations.

102.4C Competitive Bidding Process

Not more than 18 months after the adoption of this ordinance the Three Rivers Ambulance Authority shall utilize a competitive bidding process to contract with an Operations Contractor. Said competitive bidding process shall be designed to attract nation wide competition and to that end the bidding process shall, in addition to complying with state law, include but not be limited to the following procedures:

- (i) Advertisements for bids shall include national circulation in one or more ambulance industry periodicals;
- (ii) The Three Rivers Ambulance Authority may not allow the Operations Contractor to engage directly in billing and collection activities;
- (iii) The Three Rivers Ambulance Authority must remain the owner or primary lessee of all equipment essential to its operations, except that Volunteer Providers may own their own equipment;
- (iv) The Three Rivers Ambulance Authority shall conduct a publicized pre-bid conference which shall be open to the public;
- (v) A pre-bid screening process shall be employed to exclude consideration of bids from any company which cannot demonstrate financial stability, reputability, and a proven track record as a full service provider of advanced life support ambulance operations in one or more metropolitan areas of similar or greater population as Fort Wayne;
- (vi) A broad investigative release form must be executed by all bidders, owners, operators, and key personnel;
- (vii) A substantial bid deposit in the form of cash, bond, irrevocable letter of credit or other form acceptable to the City Attorney in an amount not to exceed ten percent (10%) of the contract price must be required;
- (viii) The bid request document shall provide fully detailed definitions and performance standards governing clinical performance, response time performance, maintenance requirements, and other operational standards so that, assuming all bidders are prequalified to participate, bid price shall be the principal remaining consideration in the award of the contract. However, where bid prices are not more than ten percent (10%) apart, the Three Rivers Ambulance Authority may consider corporate experience, salary schedules, and such other factors to select the lowest responsible and responsive bidder;
- (ix) Nothing in this section shall be construed as preventing the City of Fort Wayne Department of Emergency Medical Services from bidding provided they otherwise qualify and pro-

vided further that the department's full cost of providing said services shall be reflected in the department's bid price, and any subsidation of ambulance services by the City shall be in the form of money payments to the Three Rivers Ambulance Authority so as to benefit equally any bidder who may choose to participate.

102.4D System Status Management Plan

The Ambulance Authority and the EMS Control Center shall adopt a system status management plan which shall have as its goal the placement of EMS ambulances so as to meet the response times criteria set forth in section 107 herein. The plan shall state the minimum safe level of emergency response capacity which shall be maintained in the system at all times. This minimum level may differ by hours of day or day of week depending on the anticipated demand for EMS, but the plan shall ensure minimum safe response levels at all times. All providers shall be required to tape record all telephone and radio transmissions and maintain for ninety (90) days the tapes of said transmissions. The providers must make said tapes available for medical audits or for the Medical Director at his discretion.

102.4E Removal From Service

No Provider ambulance may be removed from emergency service by the operator during the times designated under subparts (i) and (iii) above without first advising and obtaining the permission of the EMS Control Center. The EMS Control Center shall, upon request, allow a Provider ambulance to be removed from the system unless such removal will bring the number of paramedic units remaining in the system below the minimum necessary to maintain the response levels stated in the system status management plan, or unless unusual conditions exist which would reasonably necessitate maintaining a higher level emergency response capability than would normally be required at that time.

102.4F Volunteer Providers

No person or organization except a township which has not contracted with Three Rivers Ambulance Authority shall operate an ambulance for the provisions of ambulance service as a volunteer provider unless that person or organization has first obtained a Volun-

teer Provider License issued by the Medical Director. The Medical Director shall issue a Volunteer Provider License to any person or organization that qualifies as a volunteer provider as defined by Section 108 of this Ordinance, and that meets the rules and regulations for Volunteer Providers adopted by the Medical Director on advice of the EMS Foundation and the Volunteer Providers' Advisory Council.

102.5 Revocation of Permits and Certification

The Medical Director, subject to approval by the EMS Foundation Board, is authorized to revoke or suspend any permit or certification issued pursuant to the provisions of this Article if the driver, attendant, dispatcher, ambulance or helicopter rescue unit fails to maintain the basic qualifications for issuance or otherwise constitutes a danger to the safety and health of patients.

102.5A Prior to revocation or suspension of a certificate a medical audit shall be conducted by the Medical Director or his designee.

102.5B If the audit results in a recommendation that the driver, attendant or dispatcher certificate should be revoked or suspended, the report shall be forwarded to the EMS Foundation Board of Directors.

102.5C The EMS Foundation shall notify the affected person of the audit results and invite him to provide any information, in writing or personally, for the Foundation's consideration.

102.5D If the EMS Foundation recommends "revocation or suspension, the report shall be forwarded to the Medical Director.

102.5E The Medical Director shall provide a hearing to any person certified pursuant to this Article or ambulance or helicopter rescue unit owner or operator at which time reasons for revocation or suspension shall be explained. The affected party may present information relevant to the issue of permit revocation or suspension.

102.5F If the Medical Director determines that the risk of harm to the public is substantial, the certification may be suspended without first providing a hearing. However, a hearing shall be scheduled to convene within seven days of the suspension to consider revocation of the certification. The Medical Director may require a physical and mental examine be conducted prior to the hearing.

102.5G In lieu of suspension or revocation, the Medical Director may return the non-probationary certificate holder to probationary status.

reduce the level of certification, or otherwise restrict the participation of the individual as necessary to protect the public health and safety.

102.6 Term of Licenses and Permits and Renewal.

- (1) All permits and certifications issued pursuant to this Article shall be valid for a period of one year from date of issuance except as herein expressly provided.
- (2) It shall be the responsibility of a permit or certificate holder to apply for a new permit or certificate no later than 30 days prior to expiration of the current permit or certificate.
- (3) All renewal applications for permits or certifications shall contain the same information as original applications, and shall be accompanied by the same application fee made payable to the EMS Foundation as required for an original application.
- (4) The EMS Foundation may at its discretion require renewal applicants to demonstrate knowledge and skills then currently required of an original applicant.

102.6A Appeals

Adverse decisions of a Medical Audit may be appealed to the Medical Director. If a resolution of the appeal is unsatisfactory, the person adversely affected by the decision of the Medical Director may appeal to the Board of Directors of the EMS Foundation whose determination shall be final.

Section 103. Standards for Ambulance Service Permit-Liability Insurance.

103.1 No ambulance service permit shall be issued under this act, nor shall such permit be valid for issuance, nor shall any ambulance be operated in the City unless there is at all times in force and effect insurance coverage as follows:

- (A) Automobile liability insurance in an amount not less than \$100,000 for injury to, or death of, one person, by reason of the carelessness or negligence of the driver of such ambulance, and \$300,000 for injury to, or death of, more than one person, resulting from a single accident, by reason of the carelessness or negligence of the driver of such ambulance, and \$50,000 for damage to property resulting from any single accident, by reason of the carelessness or negligence of the driver of such ambulance, issued by an insurance company licensed to

do business in the State of Indiana, for each and every ambulance owned and/or operated by or for the applicant or licensee, providing for the payment of damages:

- (i) For injury to or death of individuals in accidents resulting from any cause for which the owner of said vehicle would be liable on account of liability imposed in him by law, regardless of whether the ambulance was being driven by the owner or his agent; and
 - (ii) For the loss of or damaged to the property of another under like circumstances.
- (B) Uninsured motorist coverage in an amount equal to the bodily injury liability limits as set forth in item A above;
- (C) Malpractice insurance to provide for limitation of each claim of not less than \$500,000;
- (D) A \$1,000,000 umbrella policy providing additional coverage to all underlying liability policies.

103.2 Said insurance policies shall be submitted to the Medical Director for approval prior to the issuance of each ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the Medical Director, in such form as he may specify, by all licensees required to provide such insurance under the provisions of this act.

103.3 Every insurance policy required hereunder shall contain a provision for a continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon, that the liability of the insurer shall not be affected by the insolvency or the bankruptcy of the assured, and that until the policy is revoked or expires the insurance company will not be relieved from liability on account of nonpayment of premium, failure to renew license at the end of the year, or any act or omission of the named assured. Such policy of insurance shall be further conditioned for the payment of any judgments up to the limits of said policy recovered against any person other than the owner, his agent or employee, who may operate the same with the consent or acquiescence of the owner.

103.4 Every insurance policy required hereunder shall extend for the period to be covered by the license applied for and the insurer shall be obligated to give not less than thirty (30) days written notice to the Medical Director and to the assured before any cancellation or termination thereof.

earlier than its expiration date and the cancellation or other termination of any such policy shall automatically revoke and terminate the permits issued for the ambulances covered by such policy, unless another insurance policy complying with the provisions of this section shall be provided and be in effect at the time of such cancellation or termination.

103.5 Each insurance policy described and required herein shall name as additional insureds the City of Fort Wayne, Allen County, the Three Rivers Ambulance Authority, and the EMS Foundation, in addition to the operator of the vehicle.

103.6 Participating Volunteer Providers shall have reasonable insurance coverage and the policy shall name as additional insureds the City of Fort Wayne, Allen County, Three Rivers Ambulance Authority, EMS Foundation, in addition to the operator of the vehicle.

Section 104. Duties of the EMS Foundation and Medical Director

104.1 Authority to Make Regulations, Standards and Rules.

(A). The EMS Foundation Board of Directors shall have the authority to promulgate regulations, standards and rules necessary to implement the policy and intent of this Article. They shall constitute one volume to be filed in the Office of the City Clerk.

(B) The EMS Foundation Board of Directors shall consider, but not be limited to, the following factors when promulgating regulations, standards, and rules:

(i) The protection of the safety and health of the inhabitants of Fort Wayne, adjoining townships, and neighboring participating political subdivisions.

(ii) Accepted standards of practice for emergency medical care;

(iii) Accepted requirements for equipment and supplies to provide advanced life support services;

(iv) Federal and state requirements;

(v) Standards and recommendations of federal, state and local professional organizations interested in the provision of quality emergency medical care; and

(vi) Recommendations of the Medical Director.

(C) The EMS Foundation Board of Directors shall promulgate standards controlling the following segments of the ambulance service system:

(i) Production standards related directly or indirectly to clinical performance and patient care; including response time consistent with the provisions of section 107;

(ii) Diagnosis-specific and problem-oriented medical protocols to serve as the required standard of prehospital emergency care;

(iii) Procedures governing the reliable provision of 24-hour medical control;

(iv) Procedures and protocols for the operation of the EMS Control Center, which may include but not be limited to, radio protocols, telephone protocols, and other operating standards; and

(v) Procedures for the provisions of medical control over the delivery of advanced life support procedures by ambulance personnel, which may include but not be limited to, medical control communications standards, radio equipment standards, radio protocol, medical protocol, qualifications of base station physicians or emergency department nurses from whom ambulance personnel may take direction.

(vi) In-service training for ambulance personnel, EMT's and dispatchers as recommended by the EMS Foundation.

(vii) Standards, rules and regulations governing volunteer providers.

104.2 Duties of the Medical Director

104.2A The Medical Director shall be responsible for compliance with the Regulations, Standards and Rules promulgated under this Section.

104.2B The Medical Director shall have the duty to prescribe and procure narcotics and controlled drugs used within the System.

104.2C The Medical Director shall also serve as the Medical Advisor for the Authority as regulated by State Law.

104.3 Disaster Planning and Protocol Development

(A) The Medical Director, subject to approval of the EMS Foundation Board, shall develop a plan for the rescue and medical care of persons in disaster situations.

(B) After a government proclamation has established the existence of a disaster situation whether resulting from tornado, fire, wind, flood, enemy action, or any other common disaster or catastrophe, the EMS Control Center shall be authorized to control all ambulances, helicopter rescue units, mutual aid responders, and special use vehicles.

104.4 Approvals.

(A) Communications Systems.

The EMS Foundation Board of Directors shall approve the dispatch communications system and the medical control communications system established by the Three Rivers Ambulance Authority. In revising the medical control communications system the EMS Foundation shall be consulted. Nothing herein shall prevent the Medical Director from promulgating regulations or standards controlling communications systems.

104.5 Licenses, Permits and Certificates.

The Medical Director shall issue licenses, permits and certificates consistent with the provisions of Section 102 herein.

104.6 Annual Report.

This Chairman of the Board of the Ambulance Authority shall report annually to the Common Council and the County Commissioners on the status of the ambulance service system. The report shall include, but not be limited to the financial condition of the Ambulance Authority, the subsidy supplied by the City, medical case audits, recommendations for improvements and regulations promulgated during the year. The report shall incorporate the reports of the EMS Foundation and the Ambulance Authority made to the Medical Director.

Section 105. Duties of The Three Rivers Ambulance Authority.

105.1 Generally.

It shall be the duty of the Ambulance Authority to oversee and manage the Ambulance Service System created by this Ordinance in order to provide quality ambulance service to all residents of and visitors to Port Wayne and Allen County, as well as other jurisdictions which may join the Ambulance Service System.

The economies of scale realized from multi-jurisdictional operations of the Three Rivers Ambulance Authority are expected to benefit the taxpayers and residents of all political jurisdictions served by the Authority; however,

contracting with each political jurisdiction, the Three Rivers Ambulance Authority shall make such financial arrangements as necessary and appropriate to effect a fair sharing of costs and benefits among the various jurisdictions served.

105.2 Ownership of Equipment.

The Ambulance Authority shall own, or be the primary lessee of all emergency equipment used in supplying ambulance services, except equipment utilized by Volunteer Provider Organizations, which may own their own equipment.

105.3 Rates, Billing and Collections.

(A) Generally the Ambulance Authority shall determine reasonable rates for its services.

(B) The Ambulance Authority may permit the operations contractor to collect accounts representing long distance inter-city transfer work, but the operations contractor may not engage in any other collection activity.

The Ambulance Authority shall not bill townships under any applicable statutes for any service to an individual.

(C) Non-Emergency Rates.

The Ambulance Authority shall have the authority to determine its own rates charged for non-emergency ambulance service. Non-emergency rates shall not exceed rates charged in other metropolitan areas for similar services.

105.4 In-Service Training.

(A) The Ambulance Authority shall assure that appropriate in-service training is provided to employees of the operations contractor by requiring the operations contractor to provide the in-service training program.

(B) The Ambulance Authority shall require that all employees of the operations contractor attend in-service training programs.

(i) In-service training programs shall be attended not less than once every month; each session shall be not less than two hours in duration.

(ii) In-service training shall include system orientation and management issues, medical audit findings and review and clinical skill development.

(iii) In-service training shall be scheduled to permit all employees to fulfill their mandatory obligations to attend.

(iv) The Ambulance Authority shall include in its annual report to the Medical Director the extent of the in-service training accomplished. The Ambulance Authority shall maintain accurate records of attendance at in-service training which shall be provided to the Medical Director for use in considering certificate suspension or revocation and permit renewal.

(v) If a certificate holder fails to attend in-service training during any two month period the Medical Director shall inquire of the reasons and may in his discretion and only for good cause waive the requirement. In any event, a report of the failure to attend shall be made to the Medical Director by the Ambulance Authority.

(vi) When appropriate, personnel of participating Volunteer Providers shall be notified in advance and invited to attend in-service training sessions sponsored by the Operations Contractor.

105.5 Records and Premises Open to Inspection.

The Ambulance Authority shall maintain its records and premises open to inspection by the Medical Director.

105.6 Recommendations to the Medical Director.

The Ambulance Authority shall provide recommendations to the Medical Director for the following elements of the ambulance service system:

- (A) Dispatch communication system;
- (B) Medical control communication system;
- (C) Any other matter requested by the Medical Director relative to the operation and status of the ambulance service system.

105.7 The Ambulance Authority as Operations Contractor.

In the event of an emergency in which the public health and safety are threatened by the inadequate performance of an existing operations contractor, or by the absence of qualified bids at reasonable costs for the performance of the required services, the Ambulance Authority may act as operations contractor for the duration of the emergency but in no event longer than one year.

105.3 Mutual Aid and Shared Services.

The Ambulance Authority may contract for services from neighboring providers. Such contractors shall be subject to medical audit by the EMS Foundation. Consideration for such services may be financial or in kind. Nothing in this Article shall be construed as prohibiting the Ambulance Authority from receiving or rendering emergency mutual aid without formal agreement.

Section 106. The Emergency Medical Services Foundation106.1 Appointments.

The Emergency Medical Services Foundation (EMS Foundation) is a not for profit corporation organized and existing under the laws of the State of Indiana. Appointments to the Foundation shall be handled as described in the Foundation's Articles of Incorporation and Bylaws.

106.2 Recommendations.

The Medical Director shall provide to the EMS Foundation Board of Directors recommendations concerning the following elements of the ambulance service system:

- (A) Criteria for the issuance, renewal, suspension and revocation of permits and certifications;
- (B) Production standards related directly or indirectly to clinical performance and patient care;
- (C) Diagnosis--specific and problem oriented medical protocols to serve as the required standard of pre-hospital emergency care;
- (D) Procedures governing the relative provision of 24-hour medical control;
- (E) Procedures and protocols for the operation of the EMS Control Center;
- (F) Procedures for the provision of medical control over the delivery of advanced life support procedures by ambulance personnel;
- (G) Standards for the medical control communications system;
- (H) Elements of disaster plan designed to provide prompt quality care and rescue of persons in disaster situations.
- (I) Standards, rules and regulations governing Volunteer Providers.

105.3 Medical Audits.

(A) The EMS Foundation shall perform medical audits when requested by the Medical Director or a designated base station physician, by any physician on his own patient, by any doctor involved in the case, chairman of the Ambulance Authority, Medical Director, a certified paramedic, the Volunteer Advisory Council or when in the Foundation's discretion it is determined that a specific incident merits investigation or an element of the ambulance service system may be improved and study is warranted.

(B) Audits shall be performed on a diagnosis specific basis to determine if there exists areas for improvement of treatment.

(C) An audit shall be primarily problem solving and educational in nature although from time to time punitive action as a result of audit findings may be necessary and appropriate.

105.4 Medical Director.

(A) The Medical Director shall be appointed by the EMS Foundation Board and shall serve at the pleasure of the EMS Foundation Board. The Medical Director may be a member of the EMS Foundation, but he shall resign from the Foundation Board upon his appointment as Medical Director.

(B) The Medical Director shall be compensated by the EMS Foundation.

(C) The Medical Director may delegate duties to qualified base station physicians or others whose expertise is necessary for complete and thorough medical audits.

(D) The Medical Director may appoint an Assistant to the Medical Director who shall be at least a certified paramedic, or have equivalent training and experience.

Section 107. Response Time.

107.1 A paramedic ambulance shall be on the scene of each life threatening emergency call as determined by the dispatcher at the time of the call in accordance with regulations, within eight minutes on 90% of all calls originating within the metropolitan area shown on the map attached hereto as Exhibit "A". In areas outside the metropolitan area the best efforts shall be made to arrive on the scene within eight minutes. For all presumptively

designated life threatening emergencies, through notification of the Fire or Police Department, best efforts will be made to place a first responder unit on the scene within four minutes.

107.2 For each presumptively defined life threatening emergency call exceeding eight minutes, the Ambulance Authority shall provide a general summary and the action it has taken to reduce the number of responses beyond eight minutes in similar circumstances in its annual report.

107.3 To provide prompt initial care, a first-responder program shall be developed by the Medical Director with the assistance of the EMS Foundation, the Ambulance Authority and other agencies and parties providing emergency care. This system shall have a goal of on-scene response within four minutes.

107.4 The ambulance service system shall be operated to reduce to the lowest figure reasonably attainable any discrepancies in response times throughout the City and County.

107.5 The Ambulance Authority shall contractually establish response times for all non-life threatening emergency calls, but they shall not be more stringent than that required for life-threatening emergency calls.

Section 108. Rules and Regulations Relating to Volunteer Providers and

Dispatching.

108.1 In General.

The Public Utility Model envisions all ambulance service be provided by a single operator. However, the Common Council and the County Commissioners recognize the valuable role that volunteer ambulance providers may play in the system. To that end, the system adopted herein shall include a role for volunteer providers.

108.2 Rules for Dispatching of Participating Volunteer Providers.

(A) The rules and regulations contained in this Section shall be in addition to those for volunteer providers adopted by EMS Foundation Board of Directors. No rule relating to volunteer providers adopted by the EMS Foundation Board of Directors shall be inconsistent with anything in this Section. All volunteer providers subject to regulation under this ordinance shall comply with all communications and dispatching standards and with all rules and regulations as may be adopted pursuant to this Ordinance.

(B) All ambulance dispatching in the City of Fort Wayne, and after adoption of this Ordinance by the County City Commissioners all ambulance dispatching originating on calls from participating townships, shall be performed by a single EMS Control Center, staffed by ambulance dispatchers certified in accordance with standards set forth in appropriate rules and regulations. The dispatchers shall monitor continuously the status of all emergency resources available in the Allen County EMS System, and the current demands upon those resources. All providers shall advise the EMS Control Center as to the status of the providers' ambulances at all times.

(C) Persons answering telephone requests for ambulance service, if such call originates from within the City of Fort Wayne or a participating township, whether received in the Allen County Communications Center, the City of Fort Wayne Communications Center, shall immediately upon discovering that the call is requesting ambulance service in an area served by the Three Rivers EMS System, transfer the request to the certified ambulance dispatcher at the authorized EMS Control Center. This transfer should be made in such a manner as to allow the ambulance dispatcher to talk directly with the caller, so that the most accurate possible assessment of the situation can be made, and so that appropriate direction can be given the caller concerning procedures to be taken prior to arrival of the ambulance. Ambulance requests originating from a non-participating township shall be handled entirely by the Communications Center without referral to the EMS Control Center. Furthermore, should the EMS Control Center receive an emergency call originating within a non-participating township said call shall be referred to the county communications center.

(D) In all calls originating within a participating township the EMS Control Center shall dispatch the participating Volunteer Provider in that township and in addition shall dispatch such other vehicles as deemed necessary and appropriate pursuant to this Ordinance and medical protocols. Where the dual dispatching or other dual utilization of both a participating volunteer ambulance unit and a Paramedic emergency vehicle are involved, the following rules concerning patient transport shall apply:

(i) If both a Paramedic ambulance and a volunteer unit are simultaneously dispatched on a call, and if the volunteer unit arrives first and determines, in accordance with approved medical protocols, that Paramedic service is not required, the volunteer crew shall have the right to cancel the Paramedic unit before the arrival of the Paramedic unit at the scene.

(ii) In the event both a paramedic unit and volunteer provider unit appear at the scene of an emergency, the volunteer crew shall retain the right to transport the patient except if the patient, in accordance with approved medical protocols, is defined as being in need or likely to be in need of paramedic services, or the patient or responsible party prefers that transport be made by the paramedic unit, or if the volunteer crew requests that the patient be transported by the paramedic crew.

(iii) Any request for paramedic service by a participating volunteer crew shall be given the highest priority possible by the ambulance dispatch center.

108.3 Standards for Participating Volunteer Providers.

(A) The Medical Director, in consultation with the Volunteer Providers Advisory Council, shall recommend to the EMS Foundation Board reasonable rules and regulations for volunteer providers. These rules and regulations may include on-board equipment and communications standards; provided however, that no standard shall be imposed that would reasonably be expected to make it financially impossible for a volunteer provider to operate.

(B) The rules and regulations covering volunteer providers may require periodic local certification of volunteer crew members, provided that all skill, knowledge or training requirements in excess of those required for State certification must be determined by the EMS Foundation Board to be reasonable and practical.

(C) The Medical Director and the EMS Foundation may require in-service training of volunteers in the areas of basic life-support skill maintenance, new procedures adopted in medical protocols, use of new equipment which may be required on EMS ambulances.

diagnosis--specific refresher training found necessary as a result of medical audits performed and paramedic assistance training. The amount and kind of in-service training required of any participating volunteer shall be as is reasonably necessary to insure and demonstrate that volunteer's competence in the performance of his or her duties as a volunteer. No training requirements shall be made mandatory until such training has been available to volunteers for a period of sixty (60) days.

108.4 Participation in Record Keeping System and Medical Audits Required.

Participating volunteer providers shall be subject to participation in any medical audit performed on cases in which the volunteer crew was involved. To facilitate such audits, volunteer providers shall comply with all data system reports standards, including, but not limited to the use of standard run report forms and dispatch report forms approved by the EMS Foundation. Failure by a volunteer provider to cooperate with a medical audit may result in a penalty set by the Medical Director, which may include suspension or revocation of the volunteer provider's license; provided, however, that no volunteer provider shall be penalized because of a volunteer crew member's inability to be present at a medical audit if such inability is reasonably beyond the individual's control. Any physician conducting a medical audit should use his best efforts to schedule the audit at a time and place convenient to any volunteer(s) who may be involved. "

Section 109. Provision for Collection of Fees.

109.1 The Three Rivers Ambulance Authority shall be required to pay to the EMS Foundation a fee of three and no/100 (\$3.00) dollars per ambulance run during which a patient was transported. Such payments shall be made on a monthly basis. All such money received by the EMS Foundation shall be used to fund physician supervision, medical audits, equipment inspections, personnel testing and development and study and enforcement of standards, rules and regulations, in accordance with provisions of a contract between EMS Foundation and the Three Rivers Interlocal Cooperative.

109.2 Every participating volunteer provider of emergency ambulance service in the system provided for by this ordinance shall include in billing

statements, if any, such three dollar fee, as a separate item, to be paid directly to the EMS Foundation, and the volunteer provider shall have no obligation or responsibility for collection of said fee.

Section 110. Obedience of Traffic Laws.

110.1 When the senior Paramedic in charge of an ambulance has reasonable grounds to believe that an emergency exists, the driver of the ambulance may:

- (A) Park or stand, irrespective of the otherwise applicable rules of law established by ordinance;
- (B) Proceed past a red or stop signal or stop sign, but only after slowing as may be necessary for safe operation;
- (C) Exceed the maximum speed limits permitted by the City so long as life or property is not endangered; or
- (D) Disregard ordinances or regulations of the City governing the direction of movement or turning in specified directions.

110.2 The exemptions listed in subsection (A)(2)-(4) shall apply only when such ambulance is making use of audible and visual signals meeting the requirements of the regulations promulgated by the Medical Director; the exemption listed in subsection (A)(1) shall apply only when such ambulance's making use of visual signals meeting those requirements.

110.3 The exemptions listed in subsection (A) do not relieve the driver from the duty to drive with regard for the safety of all persons.

Section 111. Patient and Scene Management.

111.1 The Senior Paramedic in charge shall have the authority for patient management at the scene of an emergency.

111.2 Authority for management of the emergency scene, exclusive of medical control over patients, shall rest with public safety officials.

111.3 In the event a licensed physician appears on the scene and desires to assume direction and control of patient care, he shall execute a form which declares he has assumed responsibility for patient care.

Section 112. Destination Determination

112.1 For all life threatening emergency calls the patient shall be taken to the nearest appropriate facility for that clinical condition in accordance

with approved medical protocols, unless otherwise directed by a base station physician.

112.2 For all non-life threatening emergency calls, the patient shall be taken to the destination of the patient's choice, or in cases where the patient is incompetent or unable to make such a judgment, the patient shall be delivered to the destination requested by the appropriate party acting on behalf of the patient. If no person is available to act for the patient, he shall be delivered to the nearest available emergency receiving facility.

Section 113. Exceptions.

113.1 The provisions of this Article shall not apply to helicopter rescue units, ambulances, and their personnel which are:

(A) Owned and operated by an agency of the United States Government;

(B) Rendering assistance at the request of the EMS Control Center in cases of disaster or major emergency too great for Ambulance Authority resources, or in response to the provisions of a written mutual aid agreement signed by the Ambulance Authority;

(C) Engaged in the process of an inter-city transfer originating outside the area served by the Three Rivers EMS System;

(D) Private businesses using a company owned and operated ambulance solely for the transportation of their employees for injury or illness sustained while performing their work;

(E) Privately owned and designed for the transportation of the chronically infirm or physically handicapped, and used solely for the benefit of its owner and family, and is not for hire;

113.2 An owner or operator of an ambulance not exempted by the provisions of subsection (A) may request exemption from the Medical Director. The Medical Director shall determine whether or not the ambulance is to be used for the sole benefit of the owner or his family in permitting use of the privately owned vehicle. Appeals of this decision may be taken as provided in Section of this Ordinance.

Section 114. Violations and Penalties.

114.1 Violations.

It shall be unlawful:

(A) To perform duties as an ambulance driver, attendant (EMT OR Paramedic), or dispatcher without a current certificate issued by the Medical Director;

(B) To permit a person to work as an ambulance driver, attendant or dispatcher without a current certificate issued by the Medical Director;

(C) To use or cause to be used any ambulance service other than that established by this Ordinance unless exempted by the provisions of Section 113;

(D) To provide ambulance services, emergency or non-emergency, within the area served by the Three Rivers EMS System unless authorized by this Ordinance or exempted by the provisions of Section 113;

(E) To knowingly give false information to induce the dispatch of an ambulance or helicopter rescue unit.

114.2 Penalties.

(A) Any person convicted of violating the provisions of this Article shall be fined not less than one hundred nor more than five hundred dollars. This does not serve to limit any other remedies available to the City in law or equity.

(B) Each day that any violation of this Article is committed or permitted to continue shall constitute a separate offense.

115. Amendment of Special Ordinance No. 5-149-81 As Amended

Special Ordinance 5-149-81 as amended is hereby amended as follows: Section 1 of said Ordinance is amended by adding to said section the following at line 18 after the word "Agreement": "except that Item 2 (d) of the Three Rivers Emergency Medical Services Inter-local Cooperative Agreement is amended by deleting the last sentence of said section 2 (d) and in its place the following sentence shall be inserted: 'The Three Rivers Ambulance Authority may contract with townships upon adoption of the uniform ambulance ordinance by the

County Commissioners.¹⁰ The Mayor is authorized to enter into an amendment to the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement with the County Commissioners of Allen County to effectuate this amendment.

Ben A. Eisbart

COUNCILMAN

Read the third time in full and on motion by Eisbart, seconded by Stier and duly adopted, placed on its passage. Passed by the following vote:

Ayes: Eight

Bradbury, Burns, Eisbart, GiaQuinta, Schmidt, Schomburg,
Stier, Talarico

Nays: None

Absent: One

Nuckols

Date: 7-27-82

Charles W. Westerman
City Clerk

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana as General Ordinance No. G-16-82 on the 27th day of July, 1982

ATTEST

(SEAL)

Charles W. Westerman
City Clerk

Samuel J. Talarico
Presiding Officer

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 28th day of July, 1982, at the hour of 11:30 o'clock A.M., E.S.T.

Charles W. Westerman
City Clerk

Approved and signed by me this 28th day of July, 1982, at the hour of 4:00 o'clock P.M., E.S.T.

Win Moses, Jr.
Mayor

fsl
E.M.S

AMENDMENT TO THE
THREE RIVERS EMERGENCY MEDICAL
SERVICES INTERLOCAL COOPERATIVE AGREEMENT

This Amendment is made this _____ day of _____, 1981, to the THREE RIVERS EMERGENCY MEDICAL SERVICES INTERLOCAL COOPERATIVE AGREEMENT (hereinafter referred to as "Agreement")

WITNESSETH:

1. Paragraph 6 of the Agreement entitled "MISCELLANEOUS COOPERATIVE PROVISIONS" is hereby amended by adding thereto subparagraph (e), as follows:

- (e) The City will provide all legal assistance required for the implementation of this Agreement and further the City will provide any and all necessary legal assistance relative to the operations of the Cooperative.

2. Paragraph 7 of this Agreement entitled "FORMATION OF AUTHORITY" is hereby amended by replacing therewith the following:

7. FORMATION OF AUTHORITY. It is the desire of the Cooperative that the services to be provided hereunder be so administered, regulated, and furnished in an uninterrupted, professional, efficient, and cost-effective fashion, independent as much as is possible, from partisan or political restraints. Thus, the City and any subsequent members of the Cooperative, in conjunction with the Cooperative hereby create the Three Rivers Ambulance Authority (hereinafter referred to as "Authority") to provide or cause to be provided Advanced Life Support Services within the jurisdiction of the Cooperative.

3. Paragraph 13 (c) (main paragraph entitled "TERMINATION") is hereby amended by replacing therewith the following:

- (c) Because of the City's financial contributions, as aforescribed, upon termination of this Agreement within ten (10) years from date

of execution of this Agreement by the City, all money, property, assignments, and other assets of the Cooperative and all money, property, assignments, and other assets of the Authority, shall revert to the City of Fort Wayne. If this Agreement is terminated after the expiration of ten (10) years from date of execution by the City, then all such money, property, assignments, and other assets of the Cooperative and the Authority shall revert to the members of the Cooperative based upon and in percentages determined by the respective populations of each such member. In all cases, however, and notwithstanding any language herein to the contrary, the City shall receive no less than what it has contributed to the Cooperative and/or Authority hereunder. For purposes herein, the population of the County shall not include the population of the City of Fort Wayne or any other incorporated City in Allen County.

4. In all other respects, all other terms and provisions of the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement are hereby ratified and reaffirmed.

IN WITNESS WHEREOF, this Amendment has been signed the dates indicated below.

CITY OF FORT WAYNE, INDIANA

DATED: _____

BY: Winfield C. Moses, Jr., Mayor

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

Before me, the undersigned, a Notary Public, in and for said County and State, this _____ day of _____, 1981, personally appeared the duly constituted, authorized, and elected Mayor of the City of Fort Wayne, Winfield C. Moses, Jr., and acknowledged the execution of the above and foregoing.

THREE RIVERS EMERGENCY MEDICAL SERVICES INTERLOCAL COOPERATIVE AGREEMENT

THIS AGREEMENT, made this 9th day of July, 1981, by the CITY OF FORT WAYNE, INDIANA, hereinafter referred to as "City", and provision is further made herein for the COUNTY OF ALLEN, STATE OF INDIANA, by its Commissioners, hereinafter referred to as "County", to become a party to this Agreement.

W I T N E S S E T H :

WHEREAS, the City and the County have determined that the reliable availability of quality Advanced Life Support Ambulance Service, delivered with clinically sound response time performance, is essential to the public health and safety;

WHEREAS, the City and the County have determined that the delivery of such service should not be subject to substantial interruption or deterioration in quality that would endanger the public health and safety;

WHEREAS, the City and the County find that the financial, technological, and organizational complexities of Advanced Life Support service delivery requires oversight by a public entity formed for this specific oversight purpose and that same should be governed by qualified individuals appointed to service in the public interest;

WHEREAS, the City and the County have found that the clinical complexity of an Advanced Life Support Service System requires expert and fully informed medical control and clinical

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evaluation by an authorized body of physicians retained for such purposes;

WHEREAS, the City and the County have determined that the most reliable and most cost effective structure for providing and regulating Advanced Life Support Services is a combined City-County Ambulance Service System comprising uniform standards for regulation, rate-setting, and general oversight and supervision of operations;

WHEREAS, that pursuant to I.C. 16-1-39-1 et.seq., both the City and the County are authorized to establish, operate, maintain and/or contract for Emergency Medical Services;

WHEREAS, pursuant to I.C. 18-5-1.5-1 et.seq., and specifically, I.C. 18-5-1.5-3, the City and the County, respectively, are empowered and authorized to jointly provide services and facilities to the general public;

WHEREAS, the City has determined that it must proceed immediately with the implementation of a new and expanded Emergency Medical Services System;

WHEREAS, the City has made certain financial and other commitments to expedite such expansion to protect the public health and safety;

WHEREAS, in anticipation of acceptance of this Agreement by the parties, this Agreement has been prepared, even though the County's acceptance of this Agreement may come at a later date than the acceptance of this Agreement by the City;

WHEREAS, this Agreement shall become operable and binding upon the City upon appropriate action by Ordinance of the Common Council of the City of Fort Wayne and upon the execution of this Agreement by the Mayor of the City of Fort Wayne, and further, provision is herein made for this Agreement to subsequently become binding upon the County; and

WHEREAS, this Agreement is made pursuant to I.C. 18-5-1.5-1 et.seq.

NOW, THEREFORE, upon the following covenants and conditions, it is agreed:

1. FORMATION OF COOPERATIVE. The Three Rivers Emergency Medical Services Interlocal Cooperative, hereinafter referred to as "Cooperative", is hereby formed as the administrative entity to provide and oversee, in the interest of public health and safety, all aspects of ambulance operations, emergency and non-emergency.

2. MEMBERSHIP IN COOPERATIVE. Membership in the Cooperative shall be limited to local units of government, for purposes herein, defined as cities of the second, third, fourth, or fifth class, and counties in the State of Indiana.

(a) The City, through Ordinance of its Common Council, has been authorized to become a member of the Cooperative, and thus, upon execution of this Agreement by the Mayor of the City, the City shall become a member of the Cooperative;

(b) The County may become a member of the Cooperative

by taking all necessary legal action to enter into this Agreement as required by I.C. 18-5-1.5-3 and causing this Agreement to be executed by its Commissioners within sixty (60) days from date of execution by the Mayor of the City of Fort Wayne;

(c) Other local units of government eligible for membership, including Allen County, if it has not become a member within the sixty (60) day period referred to immediately above in Paragraph 2(b), may become members of the Cooperative after all appropriate legal action as required by I.C. 18-5-1.5-3 is taken and only upon unanimous consent of each Trustee of the Board of Trustees of the Cooperative as hereinafter referred to in Paragraph 4 of this Agreement;

(d) In addition, each and every member of the Cooperative to initially become a member and to remain a member in good standing of the Cooperative must adopt and become a party to this Agreement and the terms and conditions hereof, and further, each such member must adopt and enforce the Uniform Ambulance Licensing Ordinance and all Rules and Regulations thereto as promulgated, from time to time, by the Cooperative. Failure by any existing member to adopt any subsequent Rules and Regulations of the Cooperative within sixty (60) days of adoption shall cause such member to lose its membership status in the Cooperative.

3. JURISDICTION OF COOPERATIVE. The jurisdiction of the Cooperative and the terms and conditions of this Agreement and the rights, responsibilities, and services to be provided

hereunder shall extend to the boundaries of all of the members of the Cooperative, as same is or are comprised, from time to time. If the City is the only member of the Cooperative, this Agreement and the terms and conditions hereof and the services to be provided hereunder shall extend only to the corporate limits of the City of Fort Wayne, Indiana.

4. BOARD OF TRUSTEES. The Cooperative shall be governed by a Board of Trustees consisting of a Trustee (who may be an employee of the participating member) from each participating member (unit of local government as defined above); and also, a Trustee who is the Chairperson of the Quality Assurance Foundation (whose official name shall be determined at a later time, but for purposes herein, shall be referred to as "Foundation"). The Trustee from the City shall be chosen by its Mayor, for an indeterminate term, at the discretion of the Mayor.

The Chairperson of the Foundation shall automatically be a Trustee whose term shall coincide with his/her term as Chairperson of the Foundation.

If Allen County becomes a member, its County Commissioners shall appoint its Trustee, who shall serve an indeterminate term, at the discretion of said Commissioners.

Any subsequent members (cities or counties) shall have their Trustees appointed by their Mayors or Commissioners, as the case may be, said Trustees to serve indeterminate terms, at the discretion of the Mayors or Commissioners, whichever is appropriate.

Until a local unit of government is a member of the Cooperative, its designated Trustee, if designated prior to the time of membership, shall not exercise any voting rights on the Board of Trustees of the Cooperative.

5. POWERS OF COOPERATIVE. The Cooperative shall function as an administrative entity through its Board of Trustees and shall have the following powers to provide and oversee all aspects of ambulance operations, emergency and non-emergency:

(a) The Board of Trustees shall cause to be created a Uniform Ambulance Licensing Ordinance for adoption by the appropriate legislative bodies of each member of the Cooperative, which Ordinance shall contain, among other things, a provision for the charging of fees for the purpose of financial quality and physician supervision of services to be rendered.

(b) From time to time, promulgate Rules and Regulations supplemental to the Uniform Ambulance Licensing Ordinance, provided that said Rules and Regulations shall not become effective until ratified by Ordinance by the legislative body of each member of the Cooperative.

(c) Enter into an Agreement with the Foundation which will provide for medical protocols, investigations of applications for ambulance licensing or re-licensing, vehicle permits and personnel certification, performance of medical audits, investigation of consumer complaints, and general fact-finding activities necessary to expedite an informed enforcement of the Uniform Ambulance Licensing

Ordinance and all Rules and Regulations thereto.

(d) Adopt necessary By-Laws to implement the exercise of those duties, powers, rights, and responsibilities as prescribed in the Uniform Ambulance Licensing Ordinance and the Rules and Regulations thereto and the terms and conditions of this Agreement.

6. MISCELLANEOUS COOPERATIVE PROVISIONS.

(a) The financing of the Cooperative shall be accomplished through adoption and charging of fees as provided for in the Uniform Ambulance Licensing Ordinance, which fees shall be paid by licensees to the Cooperative. These fees, as well as all other monies and properties received by the Cooperative, shall be received, disbursed, and accounted for by the City Controller of the City of Fort Wayne, who shall maintain a budget therefore and who shall manage said funds in strict accordance with the wishes of the members of the Cooperative. In that regard, the City Controller of the City of Fort Wayne is hereby designated as the "Disbursing Officer" of the Cooperative.

(b) Except for the Trustees, all staff of the Cooperative and the providing of all clerical support, shall be furnished to the Cooperative, without charge, by the Three Rivers Ambulance Authority, hereinafter created.

(c) The Cooperative shall not acquire, in its own name, any real or personal property, with the exception of the fees referred to above.

(d) Disposition of the Cooperative's property, upon termination of this Agreement, shall be as provided for in Paragraph 13

of this Agreement.

7. FORMATION OF AUTHORITY. It is the desire of the Cooperative that the services to be provided hereunder be so administered, regulated, and furnished in an uninterrupted, professional, efficient, and cost-effective fashion, independent, as much as is possible, from partisan or political restraints. Thus, the Cooperative does hereby create the Three Rivers Ambulance Authority (hereinafter referred to as "Authority") to provide or cause to be provided Advanced Life Support Services within the jurisdiction of the Cooperative.

8. ADMINISTRATION OF AUTHORITY. The Authority shall be governed by a Board of Directors constituted as follows:

(a) Initially and as long as the City is the only member of the Cooperative, the Board of Directors shall consist of five (5) Directors, four (4) of whom shall be appointed by the Mayor of the City, and the remaining Director shall be the Chairperson of the Foundation, whose term as a Director shall coincide with his/her term as Chairperson of the Foundation.

(i) The four (4) Directors appointed by the Mayor shall have collective expertise in the areas of: Business law; health care administration; finance; and business management.

(ii) One (1) of the four (4) Directors appointed by the Mayor shall have an indeterminate term, at the discretion of the Mayor; the remaining three (3) Directors appointed by the Mayor shall have staggered terms of one (1), two (2), and three (3) years, respectively, as originally determined by the Mayor.

(iii) The Mayor shall exercise continuing appointment authority as to the Director serving with an indeterminate term. With respect to the three (3) Directors serving defined terms, vacancies upon expiration or otherwise shall be filled by a majority vote of all of the Directors of the Authority.

(iv) In all cases, a new Director shall be selected to obtain the area of expertise no longer represented on the Board of Directors.

(v) Each Director appointed, now or in the future, under this Paragraph 8(a), with the exception of the Director who is the Chairperson of the Foundation, shall be a resident of the City of Fort Wayne.

(b) If the County becomes a member of the Cooperative within sixty (60) days from date of execution of this Agreement by the City, as prescribed in Paragraph 2(b) hereof, then the Board of Directors of the Authority, herein established in this Paragraph 8, shall be enlarged to nine (9) Directors, and the County Commissioners shall thus appoint four (4) additional Directors as herein provided, having the same collective expertise in the areas referred to in Paragraph 8(a)(i) above.

(i) Each Director appointed, now or in the future, under this Paragraph 8(b), shall be a resident of Allen County, Indiana.

(ii) One (1) of the four (4) Directors appointed by the County shall have an indeterminate term, at the discretion of the County Commissioners; the remaining three (3) Directors appointed by the County shall have staggered terms of one (1), two (2), and three

(3) years, respectively, as originally determined by the County Commissioners.

(iii) The County Commissioners shall exercise continuing appointment authority as to the Director appointed by them serving with an indeterminate term. With respect to the other three (3) Directors appointed by the County and serving defined terms, vacancies upon expiration or otherwise shall be filled by a majority vote of all of the Directors of the Authority.

(iv) In all cases, a new Director shall possess the area of expertise no longer represented on the Board of Directors or only represented by one (1) Director.

(c) If an additional unit of local government, including Allen County, if it has not become a member of the Cooperative within the sixty (60) day period provided for in Paragraph 2(b), becomes a member of the Cooperative, such additional member shall be entitled to one (1) Director on the Board of Directors of the Authority, same to be appointed by the Mayor or County Commissioners of the member, as the case may be. Any such Director must be a resident of the member unit of local government.

(d) No placement on the Board of Directors of a Director shall be effective and valid until the unit of local government in question is a member of the Cooperative as provided for in this Agreement.

9. FUNCTIONS AND POWERS OF AUTHORITY. As stated herein, it shall be the purpose and function of the Authority to provide Advanced Life Support Services to the citizens of the members of

the Cooperative. In that regard, the Authority shall do the following:

(a) The Authority shall serve as a retail provider of Advanced Life Support Emergency and Non-Emergency Ambulance Services throughout the jurisdiction of the members of the Cooperative and shall operate and provide such services pursuant to this Agreement and the Uniform Ambulance Licensing Ordinance and the Rules and Regulations thereto, as adopted from time to time, by the Cooperative's Board of Trustees, and further, the Authority shall establish and charge fees for such services as necessary and appropriate to maintain the financial stability of the Authority and among other criteria, a fee for an ambulance run shall be based on the point of the run and not the residency of the citizen involved.

~~(b) The Authority may acquire and/or lease, in its~~
own name, capital equipment required for such services.

(c) Notwithstanding anything herein to the contrary, the Authority shall contract with a qualified ambulance service provider (hereinafter referred to as "provider"), public or private, for the provision of professional labor and management services for operation of the Authority's ambulances, and in that regard, such provider shall use the Authority's equipment, and the provider shall serve as a wholesaler of labor and service to the Authority, and the Authority shall be prohibited from directly operating its ambulance service using its own personnel, except under circumstances which an emergency take-over of ambulance authority is deemed, by

the Authority (upon a two-thirds [2/3] vote of the Board of Directors of the Authority), as necessary to protect the health and safety of the public, and even in such emergency circumstances, the Authority shall not directly operate its ambulances for a period of more than six (6) months and shall then be required to select, by competitive procurement, a new ambulance services contractor (provider).

(d) To implement Paragraph 9(c) immediately above, the Authority shall contract with the Department of Emergency Medical Services of the City of Fort Wayne for a period of time not less than that ending through December 31, 1982, under which contract the City's Emergency Medical Services Department shall serve as an ambulance service provider within the jurisdiction of the members of the Cooperative and shall, in that regard, provide professional labor and management, drivers, paramedics, dispatching services, maintenance personnel, and shall perform miscellaneous duties in the use and operation of the Authority's equipment as a wholesaler of labor and service to the Authority. At the end of said contract with the City of Fort Wayne's Emergency Medical Services Department, the Authority may, at its option, and upon the advice of the Foundation, elect to enter into a competitive procurement for the management and labor services necessary, if the Authority believes such service is in the public interest.

(e) It shall be the responsibility of any provider, public or private, and including the City of Fort Wayne, to determine how best to meet the standards of this Agreement, the Uniform Ambulance

Licensing Ordinance, and the Rules and Regulations thereof, and any and all other appropriate standards and requirements. In that regard, any provider shall have the discretion to manage its own working force and its other responsibilities. It shall be the responsibility of the Authority, or its designatee, to ascertain whether or not any provider is meeting such standards, but not to otherwise interfere with the provider's policies and procedures and the management, hiring, payment, and direction of the provider's employees. In all cases, however, the provider's policies and procedures and the terms and conditions of employment for its employees shall be subject to all appropriate federal, state, and local law.

(f) The Authority shall establish equitable rates for services rendered by any ambulance service provider as licensed and shall bill and attempt collection for services rendered in a manner which will maximize revenues from third party payors (e.g., Medicare, Medicaid, private insurance companies, and the like) in a manner which prevents the subsidization of services rendered in one jurisdiction from subsidies being provided by another jurisdiction. In establishing its rate structures for services rendered throughout the various jurisdictions of the members of the Cooperative, the Directors of the Authority shall employ accounting systems and procedures which have the effect of establishing separate charges for services in each jurisdiction at a level sufficient to cover the Authority's cost of rendering such service to each jurisdiction adjusted to account for the

respective collection rates experienced by the Authority among the jurisdictions of the members of the Cooperative, and any local tax subsidy paid the Authority by the members or any member of the Cooperative.

(g) The Authority shall establish its own budget and may accumulate a net worth and operating capital or equity in property or combinations thereof not exceeding, however, the then current budget of the Authority as established.

(h) The City of Fort Wayne has previously contracted with The 4th Party, Inc. to perform consulting services and to develop and operate the data, billing, and collection system for the Authority, created hereunder, and the City has arranged, in that regard, for the financing and purchase of ambulances and communication equipment for use by the Authority, and the Authority shall assume such contractual commitments, including the contractual commitments to The 4th Party, Inc.; provided, however, that should the Directors of the Authority elect to terminate the contractual relationships with The 4th Party, Inc., they may do so by a majority vote of the then currently appointed and serving Directors, however, all sums then due and owing to The 4th Party, Inc. shall be paid to The 4th Party, Inc. by the Authority.

(i) The Authority may enter into separate agreements with townships to provide or cause to be provided to townships services in addition to those services that would otherwise be provided hereunder. However, townships shall not be parties to this Agreement, and thus,

shall not be members of the Cooperative, and accordingly, shall not be entitled to representation on the Cooperative's Board of Trustees or on the Authority's Board of Directors. Any such additional services to be provided to townships shall be financed by a higher rate charged in the townships and/or subsidies from the townships in question.

(j) The Board of Directors of the Authority shall adopt all necessary By-Laws to perform the above and foregoing; provided, however, that the Authority's powers shall not be greater than nor be in derogation of the terms and conditions of this Agreement, nor in contravention of the Uniform Ambulance Licensing Ordinance and the Rules and Regulations thereto, as adopted from time to time by the Cooperative.

10. ASSIGNMENTS. In consideration of the services to be provided by the Authority hereunder and to initially implement the providing of such services, the City agrees as follows:

(a) To assign all of its right, title, and interest in and to all of its ambulance and related equipment to the Authority.

(b) All present accounts receivable generated by the City under the Common Council's Ordinance known as Bill No. S-81-3-47 shall be assigned by the City to the Authority, and any and all subsequent billings under said Ordinance shall inure to the benefit of and shall be the property of the Authority.

(c) This year's remaining balance of the City's budget for ambulance services and a negotiated amount (between the City and the Authority) of such budget for the City's fiscal year of 1982 shall

be paid by the City to the Authority, subject to all appropriate budgetary procedures.

11. PERIODIC REVIEW. The Cooperative herein designates the City Controller of the City of Fort Wayne to periodically review the books and records and data of the Authority and its operations to assure compliance with the terms and conditions of this Agreement, any separate agreements, the Uniform Ambulance Licensing Ordinance and all Rules and Regulations thereto. Such review may be conducted by the City Controller at times and places that he/she deems best.

12. INDEMNITY. The Authority, in all of its acts, undertakings, contracts, operations, omissions, and the like shall, to the extent of the Authority's assets and property, indemnify and hold harmless the Cooperative and all of its members from and against any and all liability of any kind or character, including attorney fees.

13. TERMINATION. This Agreement shall remain in effect for a period of twenty (20) years from date of execution by the City, subject to renewal by the members of the Cooperative, unless sooner terminated as herein provided.

(a) Any member of the Cooperative may withdraw its membership in the Cooperative, by appropriate action of the Mayor or County Commissioners of said member, as the case may be, by delivering written notice of such intention to withdraw to the Board of Trustees of the Cooperative at least thirty (30) days prior to the effective date of such withdrawal. Upon withdrawal from the Cooperative, the withdrawing member's representative(s) on the

Cooperative's Board of Trustees and on the Authority's Board of Directors shall automatically be removed. The Cooperative shall continue to function upon the withdrawal of a member as provided for in this Agreement but only in the jurisdiction of the remaining member(s). Provided, however, and notwithstanding anything herein to the contrary, if the City withdraws from the Cooperative, this Agreement shall terminate.

(b) Upon the termination of this Agreement, the Cooperative and Authority herein created and all other Boards and Foundations formed hereunder or because of this Agreement and all other contracts entered into because of this Agreement and all responsibilities hereunder shall cease and terminate.

(c) Because of the City's financial contributions, as aforescribed, upon termination of the Agreement, all money, property, assignments, and other assets of the Cooperative and all money, property, assignments, and other assets of the Authority shall revert to the City of Fort Wayne. Thus, any money, property, assignments, or other assets of either the Cooperative or the Authority shall be subject to this right of reversion to the City of Fort Wayne as herein referred to.

14. AMENDMENT. This Agreement may be amended only in writing and only by a unanimous vote of all members of the Board of Trustees of the Cooperative.

15. MISCELLANEOUS.

(a) A copy of this Agreement shall be filed with the State Board of Accounts of the State of Indiana for audit purposes

no later than sixty (60) days after execution of same by the City.

(b) This Agreement, upon execution by the City and prior to the effectiveness of same, shall be recorded with the Recorder of Allen County, Indiana. This Agreement shall be deemed recordable even though the City is the only party to this Agreement that has executed same at the time of recordation.

(c) This Agreement, and the terms and conditions hereof, shall be subject to the Rules and Regulations and supervision of the Indiana Emergency Medical Services Commission and shall be further subject to any appropriate review, approval, or regulation as provided for by I.C. 18-5-1.5-3(g).

(d) This Agreement shall be construed in accordance with the laws of the State of Indiana.

(e) If any part or provision of this Agreement is rendered unenforceable or invalid, this Agreement shall be construed without such unenforceable or invalid part or provision.

(f) The duties, rights, and responsibilities and services to be provided hereunder shall not be exercised in any fashion that would discriminate against any person, firm, or entity in any fashion that would violate federal, state, or local law, and it is the right and responsibility of all parties hereto not to so discriminate in any fashion that would so violate federal, state, or local law.

(g) Even though this Agreement has been executed pursuant to I.C. 18-5-1.5-1 et seq., this Agreement shall remain in full force and effect even if the City is the only party hereto, and thus, the

only member of the Cooperative.

(h) This Agreement may be executed in counterparts, each of which shall constitute an original.

IN WITNESS WHEREOF, this Agreement has been signed the
dates indicated below.

CITY OF FORT WAYNE, INDIANA

DATED: July 9, 1981

BY: Winfield C. Moses, Jr., Mayor

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

Before me, the undersigned, a Notary Public, in and for said County and State, this 9th day of July, 1981, personally appeared the duly constituted, authorized, and elected Mayor of the City of Fort Wayne, Winfield C. Moses, Jr., and acknowledged the execution of the above and foregoing.

WITNESS my hand and official Notarial Seal.

My Commission Expires:

January 24, 1983

Cynthia L. Cobb
Cynthia L. Cobb, Notary Public

My County of Residence:

Allen

AMENDMENT TO
THREE RIVERS EMERGENCY MEDICAL SERVICES INTERLOCAL COOPERATIVE AGREEMENT

This document is entered into this 8th day of MARCH, 1991, by and between the City of Fort Wayne, Indiana ("City"), the County of Allen, State of Indiana by and through its Board of Commissioners ("County") and the Three Rivers Emergency Medical Services Interlocal Cooperative ("Cooperative").

WITNESSETH:

WHEREAS, the City and the County have entered into the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement such document recorded July 18, 1981, in the Office of the Allen County Recorder, as Document Number 81-014260 (said Agreement hereinafter referred to as "Interlocal Agreement");

WHEREAS, by executing the Interlocal Agreement, the City and County created the Cooperative and further created the Three Rivers Ambulance Authority ("Authority"); and

WHEREAS, the parties are desirous of amending the Interlocal Agreement with respect to those provisions of the Interlocal Agreement dealing with appointments to the Authority's Board of Directors.

NOW, THEREFORE, it is agreed as follows:

A. AMENDMENT

Paragraph 8 of the Interlocal Agreement entitled "ADMINISTRATION OF AUTHORITY" is hereby amended by deleting the present language in its entirety and replacing therewith the following:

8. ADMINISTRATION OF AUTHORITY. The Authority shall be governed by a Board of Directors constituted as follows:

(a) One director shall be the chairperson of the Emergency Medical Services Foundation, Inc. (formerly the Quality Assurance Foundation), whose term shall automatically coincide with his/her term as chairperson of the Emergency Medical Services Foundation, Inc.;

(b) As long as the City is a member of the Cooperative, as defined in the Interlocal Agreement, four directors shall be appointed by the Mayor of the City. One of the four directors appointed by the Mayor shall have an indeterminate term and accordingly shall serve at the discretion of the Mayor. The remaining three directors shall have terms of

three years each from date of appointment by the Mayor. The Mayor shall exercise continuing appointment authority with respect to these four directors filling vacancies upon expiration or otherwise. In appointing directors, the Mayor shall attempt to appoint individuals that have collective expertise in the areas of business law, health care administration, finance and business management. Directors appointed by the Mayor shall be residents of Allen County, Indiana;

(c) As long as the County is a member of the Cooperative, as defined in the Interlocal Agreement, four directors shall be appointed by the County through action of its Board of County Commissioners. One of the four directors appointed by the County Commissioners shall have an indeterminate term and accordingly shall serve at the discretion of the County Commissioners. The remaining three directors shall have terms of three years each from date of appointment by the County Commissioners. The County Commissioners shall exercise continuing appointment authority with respect to these four directors filling vacancies upon expiration or otherwise. In appointing directors, the County Commissioners shall attempt to appoint individuals that have collective expertise in the areas of business law, health care administration, finance and business management. Directors appointed by the County Commissioners shall be residents of Allen County, Indiana;

(d) If an additional unit of local government becomes a member of the Cooperative, such additional member shall be entitled to one director appointment on the Board of Directors of the Authority, same to be appointed by the Mayor or County Commissioners of the member, as the case may be, for a three year term. The appointing person or entity shall attempt to appoint an individual that has expertise in one or more of the following areas: Business law, health care administration, finance and business management. Such director shall be a resident of the county from which he/she is appointed or of the county in which the City member is located, as the case may be; and

(e) In the event a local unit of government no longer is a member of the Cooperative, then in such event, the directors appointed from that unit shall cease being board members of the Authority effective when the unit in question is no longer a member of the Cooperative.

B. This document shall be construed in accordance with the laws of the State of Indiana, and specifically I.C. 36-1-7 et.seq.

C. All other provisions and terms of the Interlocal Agreement are hereby ratified and confirmed by the parties hereto.

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared ~~Edwin J. Rousseau~~, Jack Worthman and Jack McComb, and acknowledged the execution of the above and foregoing to be their voluntary act and deed.

WITNESS my hand and official Notarial Seal this 8th day of March, 1991.

My Commission Expires:

Doris E. Wiens
DORIS E. WIENS Notary Public

March 14, 1992

My County of Residence:

Allen

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared _____ and _____, and acknowledged the execution of the above and foregoing to be their voluntary act and deed.

WITNESS my hand and official Notarial Seal this _____ day of _____, 1991.

My Commission Expires:

Notary Public

My County of Residence:

This instrument prepared by Bruce O. Boxberger, Attorney for the Three Rivers Ambulance Authority.



The City of Fort Wayne

OFFICE OF THE CITY CLERK

Charles W. Westerman, Clerk — Room 122

August 2, 1982

Ms. Judy High
Fort Wayne Newspapers, Inc.
600 West Main Street
Fort Wayne, IN 46802

Dear Ms. High:

Please give the attached full coverage on the dates of August 5 and August 12, 1982, in both the News Sentinel and Journal Gazette.

RE: Legal Notice for Common Council
of Fort Wayne, Indiana

Bill No. Bill No. G-82-05-30
(as amended)
General Ordinance No. G-16-82

Bill No. G-82-07-01
General Ordinance No. G-15-82

Special Ordinance No. S-120-82
Bill No. S-82-07-05

Please send us 12 copies of the Publisher's Affidavit from both newspapers.

Thank you.

Sincerely,

Charles W. Westerman
Charles W. Westerman
City Clerk

CWW/ne
ENCL: 1

LEGAL NOTICE

Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill No. G-82-05-30 (AS AMENDED) --General Ordinance No. G-16-82 -- AN ORDINANCE ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED EMERGENCY AMBULANCE SYSTEM AND PROVIDING FOR PRODUCTION AND PERFORMANCE STANDARDS FOR THE PROVISION OF AMBULANCE SERVICE THROUGH THE THREE RIVERS AMBLUANCE AUTHORITY (UNIFORM AMBULANCE ORDINANCE)

Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill No. G-82-07-01 -- General Ordinance No. G-15-82 -- AN ORDINANCE amending certain Sections of Chapter 17 of the Municipal Code of the City of Fort Wayne, Indiana of 1974

Notice is hereby given that on the 27th day of July, 1982, the Common Council of the City of Fort Wayne, Indiana, in Regular Session did pass the following Bill No. S-82-07-05 -- Special Ordinance No. S-120-82 AN ORDINANCE authorizing the closing of Barr Street from the east property line of Clinton Street to the north property line of Duck Street to through traffic

I, Charlew W. Westerman, Clerk, of the City of Fort Wayne, Indiana do hereby certify that Bill No. G-82-05-30 (as amended) -- General Ordinance No. G-16-82; Bill No. G-82-07-01 -- General Ordinance No. G-15-82 and Bill No. S-82-07-05 -- Special Ordinance No. S-120-82, were passed by the Common Council on the 27th day of July, 1982, said Ordinances were signed and approved by the Mayor on the 28th day of July, 1982, and remain on file and on record in my office.

Copies of Bill No. G-82-05-30 (as amended) -- General Ordinance No. G-16-82; Bill No. G-82-07-01 -- General Ordinance No. G-15-82 and Bill No. S-82-07-05 -- Special Ordinance No. S-120-82 will be posted for reading in the following places in Fort Wayne, Allen County, Indiana

- (1) The main floor of the City-County Building
- (2) The bulletin board in the lobby of Downtown Fort Wayne Public Library
- (3) The bulletin board in the lobby at the east door of the Allen County Court House

Copies of Bill No. G-82-05-30 (as amended) --General Ordinance No. G-16-82; Bill No. G-82-07-01 -- General Ordinance No. G-15-82 and Bill No. S-82-07-05 -- Special Ordinance No. S-120-82 will be available for reading in the following places in Fort Wayne, Allen County, Indiana

- (1) Reference Room in the north end of the main floor in said Downtown Public Library
- (2) The Journal of the Common Council Proceedings in the Office of the City Clerk of Fort Wayne, Indiana

Charles W. Westerman
Charles W. Westerman - City Clerk

Page 2

I, Charles W. Westerman, Clerk of the City of Fort Wayne, Indiana, fulfilled and posted the above ordinances in the designated places as stated on August 5, 1982.

Charles W. Westerman
Charles W. Westerman - City Clerk

EMERGENCY MEDICAL SERVICES
FOUNDATION, Inc.



Policy and Procedure Manual

Prepared By:

Gary A. Booher
EMS Foundation
Medical Director Assistant
December 1, 1988

POLICY AND PROCEDURE MANUAL

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EMS FOUNDATION, INC
POLICY STATEMENT

DUAL RESPONSE/COUNTY ASSIST

SUBMITTED: 03/14/88
APPROVED: 06/13/88

STATEMENT: In all calls where a Three Rivers ambulance Authority ambulance is requested to assist another ambulance, the following policy will apply.

POLICY: If both a paramedic and a county unit are simultaneously dispatched on a call, and if the volunteer unit arrives first and determines, in accordance with approved medical protocols that the paramedic unit is not required, the county crew will have the right to cancel the paramedic unit before the arrival of the paramedic unit at the scene.

In the event both a paramedic unit and a county unit appear at the scene of an emergency, the county unit will retain the right to transport the patient except if the patient, in accordance with approved medical protocols and after joint agreement of the county unit and the paramedic unit, is defined as being in need or likely to be in need of paramedic services, or the patient or responsible party prefers that transport be made by the paramedic unit, or if the county crew requests that the patient be transported by the paramedic unit. If there is any question as to whether the patient should be transported by the paramedic unit or county unit, the decision will be made by the base station physician assuming medical control for the run.

In the event the county unit arrives before the paramedic unit, and the patient's condition warrants immediate transportation, and the paramedic unit is more than five (5) minutes from the scene, the first responding unit will package the patient and begin the transport meeting the paramedic unit enroute to the hospital if paramedic services are needed. However, if the transporting unit is less than five (5) minutes from the receiving hospital, the transport will not be interrupted to meet the paramedic unit, except to provide necessary advanced life support care beyond the level of the transporting unit enroute.

Any request for paramedic service by a county unit will be given the highest priority possible by the EMS Dispatch Center. Requests for dual response will only be honored when adequate numbers of paramedic units are available so as not to jeopardize coverage within the required response time boundaries as defined in the Operations Contract.

REVIEWED AND APPROVED:

Albert V. Emiliani M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

Phillip C. Whiffet MD
Medical Director

6/13/88
Date

EMS FOUNDATION, INC.
POLICY STATEMENT

TRANSPORT DESTINATION POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

REVISED & APPROVED: 07/26/94

2nd REVISION: 03/14/01

STATEMENT: In general, it is the policy to transport any patient to the hospital of his/her choice. However, during times of life threatening conditions, the need for the earliest possible definitive care is paramount. Therefore, a policy for transport destination has been devised to determine the appropriate receiving hospital for life threatening emergencies.

POLICY: All time critical or life threatening emergency ("Priority 1") patients transported by Three Rivers Ambulance Authority and its Operations Contractor personnel, will be transported to the nearest appropriate receiving facility unless determined otherwise by the base station physician. For clarification purposes, the term "nearest" will be hereafter construed as meaning in terms of time.

All non-time critical or non-life threatening emergency ("Priority 2") patients transported by Three Rivers Ambulance Authority and its Operations Contractor personnel, will also be transported to the nearest appropriate receiving facility if the patient has no preference, otherwise, the patient will be transported to the appropriate receiving facility of their choice.

All other patients will be transported to the appropriate facility requested by the patient, the patient's family or family physician.

Exceptions to this policy may occur when Medical Control (base station physician) of the nearest appropriate receiving facility determines that transport to a different facility will be in the best interest of the patient or will not be detrimental to the patient. Should transport to another facility be requested by the patient or other appropriate party as identified below, it will only be done on agreement or order of the base station physician of the nearest appropriate receiving facility.

The patient's, the patient's family, or the patient's family physician's request may constitute reasons for the transporting crew request a change of receiving facility.

"Appropriate Receiving Facility" shall be deemed to mean only Lutheran Hospital of Indiana, Parkview Memorial Hospital or St. Joseph Medical Center, and any satellite hospital of each that operates a 24 hour emergency department capable of receiving and treating emergency patients (currently Dupont Hospital and Parkview Hospital North), all of which must be located in Allen County, Indiana. The Veterans Hospital of Fort Wayne will be deemed as an appropriate receiving facility for priority 2 transports only, unless the transporting unit is released to take a priority 1 patient to the VA by medical control. In all priority 2 ALS transports to the VA, the system Medical Director will assume the responsibility for signing the patient care record.

PROCEDURE:

All runs will be given an initial dispatch priority code by the paramedic dispatcher following the Ambulance Dispatch Policy guidelines.

Upon arriving at the scene of an emergency call, the paramedic will fully assess the condition of the patient(s) and assign a field priority code of "Priority 1" (time critical or life threatening emergency) or "Priority 2" (non-time critical or non-life threatening emergency) using the established assessment guidelines in the approved Standing Orders. All transport decisions will be based on the field priority code assignment.

A. If time critical or life threatening (Priority 1):

1. Determine nearest appropriate receiving facility;
2. Contact medical control of that facility for orders and notification of transport, giving the base station physician a complete and thorough assessment of the patient's condition;
3. Transport to that facility, unless the base station physician determines that the patient's clinical condition warrants transportation to another facility, at which time, the base station physician will notify the transporting unit of his/her decision and which facility the patient should be transported to.

B. If time critical or life threatening ("Priority 1") and request is made to

transport to another facility:

1. Explain reasons for transport to the nearest appropriate receiving facility to requesting party;
 2. If requesting party insists, contact medical control of nearest appropriate receiving facility and advise of patient's present condition, request for transport to another facility and reasons for request;
 3. Transport to whatever facility is ordered by medical control;
 4. Chart carefully patient condition, request, requesting party, reasons for request and decision of medical control.
- C. If non-time critical or non-life threatening emergency ("Priority 2") and patient, patient's family or patient's physician has no hospital reference:
1. Determine nearest appropriate receiving facility;
 2. Notify facility of transport;
 3. Transport to that facility.
- D. If non-time critical or non-life threatening emergency ("Priority 2") and requested by appropriate party to be transported to another facility:
1. Determine if facility has appropriate treatment capabilities and that transport would not be detrimental to patient;
 2. If facility is appropriate and transport would not be detrimental to patient, transport to facility;
 3. Document patient condition, any requests for transport, requesting party, reasons for request and actions;
 4. If facility is inappropriate or transport would be detrimental to patient refer to procedure for life threatening emergency with request for transport to another facility;

Communications: Communications between prehospital providers and hospital Emergency Departments/Medical Control physicians is an essential component of an effective EMS system. Paramedics should follow these general guidelines in relaying patient related information.

1. The paramedic unit will not be required to obtain prior approval for Standing Orders when responding to an emergency scene.
2. Always give as much advanced notification as possible to the Emergency Department of the routine arrival of the patient.
3. Always give as much advanced notification as possible to the Emergency Department for patients who require special preparation, i.e., time critical Priority 1 emergencies, hazardous materials exposure, etc.
4. Always make advanced notification as quickly as possible to the receiving Medical Control Physician for consultation and dissemination of treatment orders.

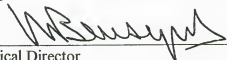
REVIEWED AND APPROVED:



Chairman, EMS Foundation Inc.

4/25/01

Date



Medical Director

5/18/01

Date

EMS FOUNDATION, INC.
POLICY STATEMENT

TRANSPORT DESTINATION POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

REVISED & APPROVED: 07/26/94

STATEMENT:

In general, it is the policy to transport patients to the hospital of his/her choice. However, during times of life threatening conditions, the need for the earliest possible definitive care is paramount. Therefore, a policy for transport destination has been devised to determine the appropriate receiving hospital for life threatening emergencies.

POLICY:

All time critical or life threatening emergency ("Priority 1") patients transported by Three Rivers Ambulance Authority and its Operations Contractor personnel, will be transported to the nearest appropriate receiving facility. For clarification purposes, the term "nearest" will be hereafter construed as meaning in terms of time.

All non-time critical or non-life threatening emergency ("Priority 2") patients transported by Three Rivers Ambulance Authority and its Operations Contractor personnel, will also be transported to the nearest appropriate receiving facility if the patient has no preference, otherwise, the patient will be transported to the appropriate receiving facility of their choice.

All other patients will be transported to the appropriate facility requested by the patient, the patient's family or family physician.

Exceptions to this policy may occur when Medical Control (base station physician) of the nearest appropriate receiving facility concurs that transport to a different facility will be in the best interest of the patient or will not be detrimental to the patient. Should transport to another facility be requested, it will only be done on agreement or order of the base station physician of the nearest appropriate receiving facility

Patient, family, family physician or paramedic request may constitute reasons for requesting a change of receiving facility.

"Appropriate Receiving Facility" shall be deemed to mean only Lutheran Hospital of Indiana, Parkview Memorial Hospital or St. Joseph Medical Center, all of which are located in Allen County, Indiana. The Veterans Hospital of Fort Wayne will be deemed as an appropriate receiving facility for priority 2 transports only, unless the transporting unit is released to take a priority 1 patient to the VA by medical control. In all priority 2 ALS transports to the VA, the system Medical Director will assume the responsibility for signing the patient care record.

PROCEDURE:

All runs will be given an initial dispatch priority code by the paramedic dispatcher following the Ambulance Dispatch Policy guidelines.

Upon arriving at the scene of an emergency call, the paramedic will fully assess the condition of the patient(s) and assign a field priority code of "Priority 1" (time critical or life threatening emergency) or "Priority 2" (non-time critical or non-life threatening emergency) using the established assessment guidelines in the approved Standing Orders. All transport decisions will be based on the field priority code assignment.

- A. If time critical or life threatening (Priority 1):
 - 1. Determine nearest appropriate receiving facility;
 - 2. Contact medical control of that facility for orders and notification of transport;
 - 3. Transport to that facility.
- B. If time critical or life threatening ("Priority 1") and request is made to transport to another facility:
 - 1. Explain reasons for transport to the nearest appropriate receiving facility to requesting party;

2. If requesting party insistent, contact medical control of nearest appropriate receiving facility and advise of patient present condition, request for transport to another facility and reasons for request;
 3. Transport to whatever facility is ordered by medical control;
 4. Chart carefully patient condition, request, requesting party, reasons for request and decision of medical control.
- C. If non-time critical or non-life threatening emergency ("Priority 2") and patient, patient's family or patient's physician has no hospital preference:
1. Determine nearest appropriate receiving facility;
 2. Notify facility of transport;
 3. Transport to that facility.
- D. If non-time critical or non-life threatening emergency ("Priority 2") and requested by appropriate party to be transported to another facility
1. Determine if facility has appropriate treatment capabilities and that transport would not be detrimental to patient;
 2. If facility is appropriate and transport would not be detrimental to patient, transport to facility;
 3. Document patient condition, any requests for transport, requesting party, reasons for request and actions;
 4. If facility is inappropriate or transport would be detrimental to patient refer to procedure for life threatening emergency with request for transport to another facility;

Communications:

Communications between prehospital providers and hospital Emergency Departments/Medical Control physicians is an essential component of an effective EMS system. Paramedics should follow these general guidelines in relaying patient related information.

1. The paramedic unit will not be required to obtain prior approval for Standing Orders when responding to an emergency scene.
2. Always give as much advanced notification as possible to the Emergency Department of the routine arrival of the patient.
3. Always give as much advanced notification as possible to the Emergency Department for patients who require special preparation, i.e., time critical Priority 1 emergencies, hazardous materials exposure, etc.
4. Always make advanced notification as quickly as possible to the receiving Medical Control Physician for consultation and dissemination of treatment orders.

REVIEWED AND APPROVED:


Chairman, EMS Foundation Inc.

8-17-94
Date


Medical Director

8/17/94
Date

EMS FOUNDATION, INC.
POLICY STATEMENT

TRANSPORT DESTINATION POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: During times of life threatening conditions, the need for the earliest possible definitive care is paramount. Therefore, a policy for transport destination has been devised to determine the appropriate receiving hospital for life threatening emergencies.

POLICY: All life threatening emergency ("Priority 1") patients transported by Three Rivers Ambulance Authority and its Operations Contractor personnel, will be transported to the nearest appropriate receiving facility.

All non-life threatening emergency ("Priority 2") patients transported by Three Rivers Ambulance Authority and its Operations Contractor personnel, will also be transported to the nearest appropriate receiving facility if the patient has no preference, otherwise, the patient will be transported to the appropriate receiving facility of their choice.

All other patients will be transported to the appropriate facility requested by the patient, the patient's family or family physician.

Exceptions to this policy may occur when Medical Control (base station physician) of the nearest appropriate receiving facility concurs that transport to a different facility will be in the best interest of the patient or will not be detrimental to the patient. Should transport to another facility be requested, it will only be done on agreement or order of the base station physician of the nearest appropriate receiving facility

Patient, family, family physician or paramedic request may constitute reasons for requesting a change of receiving facility.

"Appropriate Receiving Facility" shall be deemed to mean only Lutheran Hospital of Fort Wayne, Parkview Memorial Hospital or St. Joseph Medical Center, all of which are located in Allen County, Indiana.

PROCEDURE:

- A. Determine if patient has life threatening condition
 to be considered "Priority 1"

- B. If life threatening ("Priority 1"):
 - 1. Determine nearest appropriate receiving facility;
 - 2. Contact medical control of that facility for orders and notification of transport;
 - 3. Transport to that facility.
- C. If life threatening ("Priority 1") and request is made to transport to another facility:
 - 1. Explain reasons for transport to the nearest appropriate receiving facility to requesting party;
 - 2. If requesting party insistent, contact medical control of nearest appropriate receiving facility and advise of patient present condition, request for transport to another facility and reasons for request;
 - 3. Transport to whatever facility is ordered by medical control;
 - 4. Chart carefully patient condition, request, requesting party, reasons for request and decision of medical control.
- D. If non-life threatening emergency ("Priority 2"):
 - 1. Determine nearest appropriate receiving facility;
 - 2. Notify facility of transport;
 - 3. Transport to that facility.
- E. If non- life threatening emergency ("Priority 2") and requested by appropriate party to be transport to another facility
 - 1. Determine if facility has appropriate treatment capabilities and that transport would not be detrimental to patient;
 - 2. If facility is appropriate and transport would not be detrimental to patient, transport to facility;
 - 3. Document patient condition, any requests for transport, requesting party, reasons for request and actions:

4. If facility is inappropriate or transport would be detrimental to patient refer to procedure for life threatening emergency with request for transport to another facility;

REVIEWED AND APPROVED:

Albert V. Emilius M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

Anthony C. W. [Signature]
Medical Director

6/13/88
Date

EMS FOUNDATION, INC
POLICY STATEMENT

MEDICAL CONTROL POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To insure advanced life support treatment is performed to the specification of the receiving base station physician and to insure the orderly continuation of field treatment when a patient arrives at an appropriate receiving facility, it is in the patient's best interest for the receiving base station to provide and be responsible for medical control of the situation.

POLICY: On all life threatening emergencies ("Priority 1"), and on any run in which advanced life support treatment is necessary, the base station physician of the nearest appropriate receiving facility will be notified and will normally assume all medical control for the situation. This medical control will include but is not limited to, decisions on patient treatment modalities, transport destination decisions and discontinuation of resuscitative efforts.

Should, in extreme circumstances, the medics feel that a particular base station physician is acting inappropriately, the medics may switch medical control to another appropriate receiving facility's base station physician. The medic will subsequently provide a written report to the Medical Director regarding the circumstances surrounding the incident.

For cases in which a physician at the scene wishes to assume control, refer to the Physician at Scene Policy.

PROCEDURE:

- A. On any run which is dispatched as a "Priority 1":
 1. Determine the nearest appropriate receiving facility to the dispatch address;
 2. Contact facility to establish medical control and request standing orders as necessary;
 3. Follow medical control direction and orders;
 4. Transport according to Transport Destination Protocol.
- B. On any run, irregardless of dispatch priority, in which advanced life support is needed

EMS FOUNDATION, INC
POLICY STATEMENT

PERFORMANCE OF TREATMENTS BY OTHER THAN
THREE RIVERS AMBULANCE AUTHORITY PARAMEDICS

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To assure appropriate skill levels and to reduce the liability exposure, the following policy will be followed.

POLICY: Performance of all patient care procedures will be performed only by paramedics employed by Three Rivers Ambulance Authority and its Operations Contractor unless specifically provided for herein.

Basic life support skills may be performed, at the discretion of the attending paramedics, by certified first responders of the Fort Wayne Fire Department or EMTs and Advanced EMTs of assisting local volunteer ambulance service providers so long as the skill being performed is not above the level of training of the person(s) assisting.

Advanced life support skills will be performed by the attending paramedics of Three Rivers Ambulance Authority and its Operations Contractor only. Paramedics or nurses not employed by the Authority and its Operations Contractor will not be permitted to perform any ALS procedure either solely or on behalf of the attending paramedics. Physicians at the scene may perform ALS procedures only after assuming medical control as outlined in the appropriate policy.

Students approved by the Authority and its Operations Contractor may perform procedures for which training can be documented. Such procedures will only be allowed under the direct supervision of a preceptor approved by the Authority, its Operations Contractor and the Fort Wayne Hospital Training Institutions.

Failure to adhere to this policy may result in disciplinary action including suspension or revocation of local certification.

REVIEWED AND APPROVED:

Albert V. Emiliani, M.D.
Chairman, EMS Foundation Inc.

6/12/88
Date

Anthony C. Wuest
Medical Director

6/13/88
Date

1. Determine the nearest appropriate receiving facility to the dispatch address;
 2. Contact facility to establish medical control and request standing orders as necessary;
 3. Follow medical control direction and orders;
 4. Transport according to Transport Destination Protocol.
- C. In extreme circumstances should the paramedic feel that the base station physician is acting in appropriately;
1. Repeat situation and confirm orders by base station physician;
 2. Determine inappropriateness of orders or actions;
 3. If truly inappropriate, paramedic may contact next nearest appropriate receiving facility for change of medical control;
 4. Notify old medical control of change;
 5. Follow new medical control directives;
 6. Transport according to Transport Destination Protocol.

REVIEWED AND APPROVED:

Albert V. Emilien M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

Anthony Callaghan
Medical Director

6/13/88
Date

EMS FOUNDATION, INC POLICY STATEMENT

STAFFING POLICY

SUBMITTED:

APPROVED:

REVISED AND APPROVED:

STATEMENT: To assure quality prehospital care, minimum certification levels for staffing will be adhered to.

POLICY: Effective July 1, 1997, the minimum allowed staffing for all Three Rivers Ambulance Authority ambulances will be one (1) Paramedic and one (1) advanced EMT. Ambulances may be staffed by two (2) paramedics. All paramedics staffing Three Rivers Ambulance Authority ambulances will maintain at a minimum, an Indiana paramedic certification in addition to a local paramedic certification. Effective July 1, 1989, paramedics will also be required to be (ACLS) certified under the guidelines of the American Heart Association for Advanced Cardiac Life Support. All advanced EMT's staffing Three Rivers Ambulance Authority ambulances will maintain at a minimum, an Indiana advanced EMT certification in addition to a local advanced EMT certification.

All System Status Managers (Dispatchers) will maintain at a minimum, an Indiana advanced EMT certification, local advanced EMT certification and local system status manager certification. System Status Managers that are paramedics will also be required to be ACLS certified under the guidelines of the American Heart Association for Advanced Cardiac Life Support. At all times at least one (1) paramedic certified System Status Manager will be present in dispatch to oversee proper operation of the dispatch center and advanced EMT personnel.

SPECIAL EMERGENCY PROVISIONS:

In the event of a disaster situation the System Medical Director may, at his discretion, temporarily suspend all local licensing and certification requirements set forth by the Foundation for a period not to exceed thirty (30) days. Should any further suspension of said requirements be necessary beyond the thirty (30) day limit, such suspension shall

require action of the Foundation Board. All suspensions of local licensing or certification requirements shall be for a period not to exceed the duration of the disaster and shall be reinstated as soon as the system is sufficiently capable of resuming normal operations. The Executive Director of the Three Rivers Ambulance Authority and its Operations Contractor will be consulted and advised prior to any such action.

A disaster situation shall be deemed as meaning, any situation, either natural or man made, in which the system is unable to adequately meet the manpower or equipment needs to operate as would normally be expected, and could lead to significant increases in mortality or morbidity.

REVIEWED AND APPROVED:



Chairman, EMS Foundation Inc.

12/17/97

Date



Medical Director

11/10/97

Date

EMS FOUNDATION, INC
POLICY STATEMENT

STAFFING POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

REVISED AND APPROVED: 09/25/89

STATEMENT: To assure quality prehospital care, minimum certification levels for staffing will be adhered to.

POLICY: All paramedics staffing Three Rivers Ambulance Authority ambulances will maintain at a minimum, an Indiana paramedic certification in addition to a local paramedic certification. Effective July 1, 1989, paramedics will also be required to be (ACLS) certified under the guidelines of the American Heart Association for Advanced Cardiac Life Support. All ambulances will be staffed by two (2) Paramedics at minimum.

All System Status Managers (Dispatchers) will maintain at a minimum, an Indiana paramedic certification, local paramedic certification and local system status manager certification. Effective July 1, 1989, System Status Managers will also be required to be ACLS certified under the guidelines of the American Heart Association for Advanced Cardiac Life Support.

SPECIAL EMERGENCY PROVISIONS:

In the event of a disaster situation the System Medical Director may, at his discretion, temporarily suspend all local licensing and certification requirements set forth by the Foundation for a period not to exceed thirty (30) days. Should any further suspension of said requirements be necessary beyond the thirty (30) day limit, such suspension shall require action of the Foundation Board. All suspensions of local licensing or certification requirements shall be for a period not to exceed the duration of the disaster and shall be reinstated as soon as the system is sufficiently capable of resuming normal operations. The Executive Director of the Three Rivers Ambulance Authority and its Operations Contractor will be consulted and advised prior to any such action.

A disaster situation shall be deemed as meaning, any situation, either natural or man made, in which the system is unable to adequately meet the manpower or equipment needs to operate as would normally be expected, and could lead to significant increases in mortality or morbidity.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.

Chairman, EMS Foundation Inc.

9/25/89

Date

Anthony C. Whelan MD

Medical Director

9/25/89

Date

EMS FOUNDATION, INC
POLICY STATEMENT

STAFFING POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To assure quality prehospital care, minimum certification levels for staffing will be adhered to.

POLICY: All paramedics staffing Three Rivers Ambulance Authority ambulances will maintain at a minimum, an Indiana paramedic certification in addition to a local paramedic certification. Effective July 1, 1989, paramedics will also be required to be (ACLS) certified under the guidelines of the American Heart Association for Advanced Cardiac Life Support. All ambulances will be staffed by two (2) Paramedics at minimum.

All System Status Managers (Dispatchers) will maintain at a minimum, an Indiana paramedic certification, local paramedic certification and local system status manager certification. Effective July 1, 1989, System Status Managers will also be required to be ACLS certified under the guidelines of the American Heart Association for Advanced Cardiac Life Support.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

Anthony C. Chappell M.D.
Medical Director

6/13/88
Date

EMS FOUNDATION, INC
POLICY STATEMENT

PHYSICIAN AT SCENE/
ROTARY WING AIRCRAFT PERSONNEL
OPERATING UNDER A SEPARATE MEDICAL CONTROL

SUBMITTED: 03/14/88

APPROVED: 04/25/88

REVISED AND APPROVED: 12/21/90

STATEMENT: To give paramedics and physicians a clarification of medical control procedures when a physician is present at the scene of an accident or illness, the following policy and procedure will be implemented.

POLICY: On any patient in which advanced life support procedures are to be performed, the base station physician of the appropriate receiving facility will assume complete medical control.

In the event that a physician is present at the scene and wishes to give direction to the medics, the medics will politely thank the physician and inform him/her that they are presently in radio contact with the base station physician and must operate under his/her instructions. Should the physician insist on assuming medical control, the paramedics will inform said physician that they will relay the request to the base station physician and should the base station agree to a change in medical control, the physician on the scene will be required to accompany the paramedics to the hospital. The paramedics will communicate the request to the base station physician and proceed as ordered by the base station physician.

Should the base station physician elect to retain medical control, the paramedics will follow directions exclusively of the base station physician.

Should medical control be transferred to the physician at the scene, the paramedics will follow directions of said physician. Should said physician at any time, refuse to accompany the paramedics to the hospital or give directions or orders which are absolutely contraindicated or incorrect for the patient's best interest, the paramedics will immediately recontact the base station physician and inform him/her of the situation.

In the event that Rotary Wing Aircraft Personnel or other EMS Personnel operating under a separate medical control subsequently arrive at the scene and are requesting to assume patient care, the paramedics will contact the Medical Control base station physician to

inform him/her of that request. If the base station physician agrees to the transfer of Medical Control, the paramedics will assist in the transaction of control to provide a thorough continuum of patient care from the paramedics to the Rotary Wing Aircraft/other EMS Personnel.

Once the transfer of care is completed, the paramedics will notify the initial base station physician the transfer of patient care is completed and the Rotary Wing Aircraft/other EMS Personnel's physician has assumed Medical Control.

PROCEDURE:

- A. Upon request by any physician to give orders or directions at the scene of an accident or illness, the paramedics will:
 1. Inform the physician that they are in direct radio contact with a base station physician;
 2. Inform the physician that they can take orders only from the base station physician;
 3. Inform the physician of the procedure for taking over medical control.
- B. If the physician at the scene insists on assuming medical control, the paramedics will:
 1. Inform the base station physician of the request;
 2. Allow the physician at the scene to speak with the base station physician as necessary;
 3. Follow directions of the base station physician.
- C. Should, at any time, the physician at the scene give absolutely contraindicated or inappropriate directions or orders which could adversely effect patient care or, refuse to accompany the paramedics to the hospital if required by the base station physician, the paramedics will:
 1. Immediately recontact the base station physician and inform him/her of the situation;
 2. Follow direction and orders of the base station physician.
- D. If additional EMS personnel arrive at the scene and request to assume patient care, the paramedics will:

1. Inform the Medical Control base station physician of the request;
2. Allow the EMS Personnel to speak with the base station physician as necessary;
3. Follow the orders of the base station physician;
4. Inform the base station physician once the transfer has been completed with the other EMS Personnel and of any changes that also may have occurred.

REVIEWED AND APPROVED:

Albert V. Emulian M.D.

Chairman, EMS Foundation Inc.

12/21/90

Date

William C. Whiffet

Medical Director

12/21/90

Date

EMS FOUNDATION, INC
POLICY STATEMENT

PHYSICIAN AT SCENE

SUBMITTED: 03/14/88

APPROVED: 04/25/88

STATEMENT: To give paramedics and physicians a clarification of medical control procedures when a physician is present at the scene of an accident or illness, the following policy and procedure will be implemented.

POLICY: On any patient in which advanced life support procedures are to be performed, the base station physician of the appropriate receiving facility will assume complete medical control.

In the event that a physician is present at the scene and wishes to give direction to the medics, the medics will politely thank the physician and inform him/her that they are presently in radio contact with the base station physician and must operate under his/her instructions. Should the physician insist on assuming medical control, the paramedics will inform said physician that they will relay the request to the base station physician and should the base station agree to a change in medical control, the physician on the scene will be required to accompany the paramedics to the hospital. The paramedics will communicate the request to the base station physician and proceed as ordered by the base station physician.

Should the base station physician elect to retain medical control, the paramedics will follow directions exclusively of the base station physician.

Should medical control be transferred to the physician at the scene, the paramedics will follow directions of said physician. Should said physician at any time, refuse to accompany the paramedics to the hospital or give directions or orders which are absolutely contraindicated or incorrect for the patient's best interest, the paramedics will immediately recontact the base station physician and inform him/her of the situation.

PROCEDURE:

- A. Upon request by any physician to give orders or directions at the scene of an accident or illness, the paramedics will:
 1. Inform the physician that they are in direct radio contact with a base station physician;

2. Inform the physician that they can take orders only from the base station physician;
 3. Inform the physician of the procedure for taking over medical control.
- B. If the physician at the scene insists on assuming medical control, the paramedics will:
1. Inform the base station physician of the request;
 2. Allow the physician at the scene to speak with the base station physician as necessary;
 3. Follow directions of the base station physician.
- C. Should, at any time, the physician at the scene give absolutely contraindicated or inappropriate directions or orders which could adversely effect patient care or, refuse to accompany the paramedics to the hospital if required by the base station physician, the paramedics will:
1. Immediately recontact the base station physician and inform him/her of the situation;
 2. Follow direction and orders of the base station physician.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

4/23/88
Date

Anthony C. [Signature]
Medical Director

4/23/88
Date

EMS FOUNDATION, INC
POLICY STATEMENT

AMBULANCE DISPATCH POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To assure efficiently and properly dispatched ambulances to the public, the following dispatch policy will be followed.

POLICY: All dispatching of Three Rivers Ambulance Authority ambulances will be performed by the Three Rivers Ambulance Dispatch Center. Dispatching will be done only by qualified and locally certified System Status Managers.

All other persons answering telephone requests for ambulance service, if such call originates from within the city of Fort Wayne or a participating township, whether received in the Allen County Communications Center or the City of Fort Wayne Communications Center, will immediately upon discovering that the caller is requesting ambulance service in an area serviced by the Three Rivers EMS System, transfer the request to a certified SSM at the EMS Dispatch Center when possible. The transfer should be made in such a manner as to allow the SSM to talk directly with the caller, so that the most accurate possible assessment of the situation can be made, and so that appropriate direction can be given the caller concerning procedures to be taken prior to the arrival of the ambulance. Ambulance requests originating from a non-participating township will be handled entirely by either the Allen County Communications Center or Fort Wayne City Communications without referral to the EMS Dispatch Center unless a paramedic unit is requested, at which time the request will be given to the EMS Dispatch Center. Furthermore should the EMS Dispatch Center receive an emergency call originating from a non-participating township said call will be referred to the county communications center.

In all calls originating in a participating township, the EMS Dispatch Center will dispatch the participating Volunteer Provider in that township and in addition will dispatch such other vehicles as deemed necessary and appropriate pursuant to medical protocols.

Prior to the dispatching of an ambulance, all runs will be given a dispatch priority code. Dispatch priority codes to be utilized are as follows:

- A. PRIORITY ONE - indicates that an emergency medical condition potentially exists at the

scene for which a TIME-CRITICAL response is initially warranted (i.e. life threatening).

- B. PRIORITY TWO - indicates that an emergency medical condition potentially exists at the scene for which an emergency response is appropriate for medical and humanitarian reasons, but that such situation apparently involves NO IMMEDIATE THREAT to human life, of time critical nature (i.e. non-life threatening emergency).
- C. PRIORITY THREE - indicates that the request from the caller is for NON-EMERGENCY TRANSPORTATION of a person whose apparent condition could not appropriately be presumably defined as either Priority One or Priority Two.
- D. PRIORITY FOUR - indicates that a request from a caller is for NON-EMERGENCY TRANSPORTATION which is scheduled at least 24 hours prior to actual transportation, unless such transportation is applicable to a "long distance" transport.
- E. PRIORITY FIVE - indicates that an ambulance, which at the time was not fully ready for patient transport, has been dispatched as an ALS first responder unit to the scene of a Priority One, life threatening emergency until a unit fully capable of transporting the patient can arrive.
- F. PRIORITY SIX - indicates that a request from the caller is for NON-EMERGENCY TRANSPORTATION of a person, which by dispatch protocol or SSM discretion, could not be held until such time as the reserve capacity of available ambulances increased to such a level as to allow the priority to be coded as a "priority three".
- G. PRIORITY SEVEN - indicates that a request from the calling party involves transportation of a NON-EMERGENCY nature, originating or terminating outside of Allen County (including fixed or rotowing transfers).
- H. PRIORITY EIGHT - indicates a request from a calling party for service for "Stand-by" coverage at a particular event or activity.

Assignment of dispatch priority codes and all dispatching of ambulances will be performed through the use of the Dispatch Priority Instruction System (DPIS) as attached hereto.

At no time will an ambulance responding to a "priority one" emergency be diverted or allowed to divert to another scene before patient contact is made.

Ambulances may only be diverted or reassigned by the authority of the System Status Manager and only when such diversion or reassignment is to a higher priority of run (i.e. Priority 2 to Priority 1). Any such diversion or reassignment must occur prior to arrival at the original dispatch scene. Once the ambulance has arrived at the original dispatch scene, diversions or reassignments will not be allowed until the unit has delivered the patient to the appropriate receiving facility, or a witnessed, informed refusal has been documented.

PROCEDURE:

- A. Upon receipt of any call requesting emergency ambulance service;
 - 1. Determine address, problem, priority, call back number and appropriate response by using DPIS;
 - 2. Determine appropriate dispatch center;
 - 3. Route call to appropriate dispatch center if needed;
 - 4. Alert appropriate units;
- B. Upon receipt of any call requesting non-emergency ambulance service;
 - 1. Determine address, problem, priority, call back number and appropriate response by using DPIS;
 - 2. Determine appropriate dispatch center;
 - 3. Route call to appropriate dispatch center if needed;
 - 4. Schedule transport time as appropriate;
 - 5. Alert appropriate units;

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

Philip C. Wright MD
Medical Director

6/13/88
Date

6/13/88
Date

Revised: 02/24/89
Approved: 03/27/89

D.P.A.I.S.

Dispatch Pre-Arrival Instruction System

Adopted and Approved by:

Emergency Medical Services Foundation, Inc.

Albert V. Emiliano M.D.
Chairman EMS Foundation, Inc.

3/27/89
Date

Anthony Callaghan MD
Medical Director

3/27/89
Date

00 D. A. S.

KEY QUESTIONS

1. Is victim turning BLUE?
2. Did victim choke first?
3. Down time?
4. Is anyone doing CPR?
5. Does anyone there know CPR?

PRE-ARRIVAL INSTRUCTIONS

- a. AIRWAY - Head tilt.
- b. Mouth-to-mouth and / or
- c. C. P. R.

Determinant

DISPATCH

PRIORITIES

Response

- | | |
|--|-------------------|
| A. OBVIOUS death situation. | Priority 2 |
| B. Suspected Cardiac -or- Respiratory Arrest. | Priority 1 w/fire |
| C. Confirmed cardiopulmonary arrest in controlled medical environment. | Priority 1 w/fire |

0 Abdominal Pain/Problems

KEY QUESTIONS

1. Associated chest pain?
2. Fainting of female?
3. Duration of pain?
4. Location of pain?

PRE-ARRIVAL INSTRUCTIONS

- a. if vomiting or nausea is present
turn victim on side.
- b. NO food or drink.

List all current medications or
place all medications in a paper
bag for the paramedics.
Write name and phone of doctor.

Determinant

DISPATCH PRIORITIES

Response

a. Abdominal Pain

Priority 3 without delay

b. Males - age => 35
Females - age => 12

Priority 2

20 Allergies/Hives/Stings/Reactions to Medications

KEY QUESTIONS

1. Difficulty Breathing or swallowing?
2. Alert?
3. Hives or Itching?
4. When did exposure occur?
5. History of Allergies?

PRE-ARRIVAL INSTRUCTIONS

- a. AIRWAY: Head tilt.
- b. NO Pillows behind head.
- c. Turn victim on side if vomiting or drooling is present.
- d. Check for medical ID or Tags.

List ALL current medications or place ALL medications in paper bag for paramedics. Write name and phone of Doctor.

Determinant

DISPATCH PRIORITIES

Response

- a. No difficulty breathing. (even w/hives rash itching)
- b. Difficulty Breathing or swallowing. (Not Alert)
- c. If question of Diff. Breathing OR if victim is turning BLUE.

Priority 2

Priority 1 w/Fire

Priority 1 w/Fire

90 Animal Bites

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
1. Type of Animal: Zoo animal? Poisonous Snake? Spider?		a. Obtain medical attention. (Cleansing sutures antibiotics tetanus update)	
2. Uncontrollable Bleeding?		b. Inform caller that police and/or animal control will be notified.	
3. Where (body area) bitten?			
4. Is the animal loose or confined?			
Determinant	DISPATCH	PRIORITIES	Response
A. Other (includes spider bites)			Priority 2
B. Zoo animal or snake. Uncontrolled hemorrhaging. Severe neck bite.			Priority 1 w/Fire
Notify Police and Animal Control of domestic animal bites.			

0 Back Pain / Spinal Injuries

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
1. IF CAUSED BY AN INJURY?		a. If traumatic DON'T MOVE VICTIM. b. If non-trauma allow to assume most comfortable position. c. If victim has fainted-elevate legs and keep victim warm. List (or place into a paper bag) ALL current medications and write down name & phone of Doctor.	
If YES... a. Breathe Norm? b. Alert? c. Long fall(6') d. Other Injuries? e. When happen?	If NO... a. Fainting? b. Chest pain? c. One-sided pain? d. Pain duration? e. When Onset?		
Determinant	DISPATCH	PRIORITIES	Response
A. Non-traumatic (<= 50 yrs of age)			Priority 2
B. Traumatic (just occurred)			Priority 2
C. Associated Chest Pain (age => 35)			Priority 1 w/Fire
D. With fainting or age => 50			Priority 1 w/Fire
Note- If injury is not recent - dispatch as per NON-TRAUMATIC.			2/89

50 Breathing Problems

KEY QUESTIONS

1. Alert?
2. Choking involved?
3. Able to talk?
4. Turning Blue?
5. Chest pain?
6. Is victim Asthmatic?
7. Numbness in both hands or mouth?

PRE-ARRIVAL INSTRUCTIONS

- a. AIRWAY - Head tilt.
- b. Mouth-to-mouth ventilation.
- c. Sit victim up.

List (or place into paper bag)
ALL current medications and
write down name & phone of Doctor.

Determinant	DISPATCH	PRIORITIES	Response
A. If Hyperventilation is CERTAIN (age < 35)		Priority 2	
B. Difficulty breathing (age < 35) (conscious and alert)		Priority 1	w/fire
C. Difficulty breathing (age => 35) (conscious and alert) - Asthmatic		Priority 1	w/fire
D. Difficulty breathing - NOT ALERT unconscious or turning BLUE		Priority 1	w/fire

60 Burns

KEY QUESTIONS

1. Is anything (structure) burning?
2. What body areas are burned?
3. Difficulty Breathing?(inhalation)
4. How was the victim burned-
 - a. Heat?
 - b. Electrical?
 - c. Chemical?
 - d. Other?

PRE-ARRIVAL INSTRUCTIONS

- a. Remove burning/smoldering clothes.
- b. Remove victim from smokey area if SAFELY possible.
- c. For burns < 18% in adults or 5% in children - cool injured area in water.
- d. If chemical burn - immediately flush area with water. (PRN)

Determinant

DISPATCH

PRIORITIES

Response

- | | | | |
|---|--|------------|--------|
| A. Small burns | | Priority 2 | |
| B. Facial burns | | Priority 1 | w/fire |
| C. Greater than 18% burns -or-
Electrical burns -or- Difficulty breathing. | | Priority 1 | w/fire |
| D. Structure still burning w/burned victim(s) | | Priority 1 | w/fire |
| CONTACT FIRE COMMAND ON ANY BURN PATIENT COND B OR WORSE | | | |

2/89

70 Carbon Monoxide/Inhalation/Hazardous Materials

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
1. Alert?		a. Remove from toxic environment if SAFELY possible.	
2. Breathing normally?		b. AIRWAY - Head tilt.	
3. Nausea or Vomiting?		c. C.P.R. if appropriate.	
4. Burns?		d. Advise of potential hazard to rescuer(s) and others.	
5. Type/source of fumes?	<input type="checkbox"/>		

Determinant	DISPATCH	PRIORITIES	Response
A. Carbon Monoxide ONLY (conscious - alert - breathing normally)		Priority 2	w/fire
B. Inhalation (smoke or chemical) Carbon Monoxide - NOT alert/diff. breathing		Priority 1	w/fire

2/89

90 Cardiac/Respiratory Arrest

KEY QUESTIONS

1. Is victim turning BLUE?
2. Did victim choke first?
3. Down time?
4. Is anyone doing CPR?
5. Does anyone there know CPR?

PRE-ARRIVAL INSTRUCTIONS

- a. AIRWAY - Head tilt.
- b. Mouth-to-mouth and / or
- c. C.P.R.
- d. Possible Heimlich Maneuver
(suspect airway obstruction
in children)

Determinant

DISPATCH

PRIORITIES

Response

A. OBVIOUS death situation.

Priority 2

B. Suspected Cardiac -or- Respiratory Arrest.

Priority 1 w/fire

C. Confirmed cardiopulmonary arrest in
controlled medical environment.

Priority 1 w/fire

90 Chest Pain

KEY QUESTIONS

1. Breathing normally?
2. Turning BLUE?
3. Alert?
4. Location of pain?
5. Sharp or Dull pain?
6. Cardiac history?
7. Fever or cough?
8. Vary with breathing?

PRE-ARRIVAL INSTRUCTIONS

- a. Lay victim down (semi-reclining)
- b. Treat as specific symptoms indicate.
- c. Stay on phone w/caller.
Consider discussion of CPR.
List (or place into paper bag) ALL current medications & write down name and phone of doctor.

Determinant

DISPATCH

PRIORITIES

Response

- | | |
|--|-------------------|
| A. Chest pain WITH normal breathing. (age < 35) | Priority 1 w/fire |
| B. Chest pain WITH difficulty breathing. (age < 35) | Priority 1 w/fire |
| C. Chest pain (age => 35) OR Not alert. | Priority 1 w/fire |
| D. Chest pain (age => 35) WITH prior cardiac history
-OR- turning BLUE. | Priority 1 w/fire |

100 Convulsions / Seizures

KEY QUESTIONS

1. History of seizures?
2. Did injury precede seizure?
3. History of - Drugs?
Diabetes?
4. Fever? (if age <= 5)
5. Pregnant? (female age => 12)
6. Has seizure stopped?

PRE-ARRIVAL INSTRUCTIONS

- NOTE TO DISPATCHER - STAY ON LINE
W/CALLER UNTIL SEIZURE STOPS. THEN
VERIFY BREATHING.
- a. NO CPR while victim is jerking.
 - b. DONT restrain victim.
 - c. DONT force objects in mouth -or-
force jaw open.
 - d. Move objects away.
 - e. Turn gently on side when stopped.
 - f. Look for medical ID/Tags

Determinant

DISPATCH

PRIORITIES

Response

- A. Victim UNDER AGE 35.
- B. Victim UNDER AGE 35 with no previous
history. Pregnant or Trauma or Diabetic
Continuous or Multiple Seizures.
- C. ANY victim age 35 or OVER.

Priority 2

Priority 1 w/fire

Priority 2

10 Diabetic Problems

KEY QUESTIONS

1. Alert? (able to talk normally?)
2. Breathing normally?
3. Is Insulin used?
 - was it taken today?
 - has patient eaten?
 - has patient exercised?

PRE-ARRIVAL INSTRUCTIONS

- a. Check for medical ID/Tags.
- b. If patient can sit up and hold a glass alone-suggest a glass of juice.

List (or place into a paper bag)
ALL current medications and write
down name & phone of Doctor.

Determinant

DISPATCH

PRIORITIES

Response

A. Conscious AND alert

Priority 2

B. Conscious but NOT alert

Priority 1

C. Unconscious (but breathing)

Priority 1 w/fire

20 Drowning (near) / Diving Accident

KEY QUESTIONS

1. Alert?
2. Breathing normally?
3. Diving accident?
4. SCUBA accident?
5. Is victim still in the water?
6. Time underwater (minutes)?
7. Any neck-back pain-weakness?
8. Any extremity movement?

PRE-ARRIVAL INSTRUCTIONS

- a. AIRWAY
- b. Mouth-to-Mouth
- c. C. P. R.
- d. DIVING accident - support breathing-don't remove from water. - do not move more than necessary.
- e. SCUBA accident - get nearest location of HYPERBARIC chamber.
- f. Keep patient warm.

Determinant	DISPATCH	PRIORITIES	Response
A. Conscious/breathing w/o pain or weakness.		Priority 2	2/89
B. Now conscious AND breathing w/pain or weakness.		Priority 2 w/fire	
C. Now conscious WITH difficulty breathing.		Priority 1 w/fire	
D. Unconscious or NOT breathing.		Priority 1 w/fire	
E. Diving or SCUBA accident.			
F. Open water incident (river/pond/lake)		Priority 1 w/fire/scuba	

30 Electrocutation

KEY QUESTIONS

1. Is victim disconnected from power?
2. Is power source OFF?
3. Breathing normally?
4. Alert?
5. Did victim fall? (how far?)

PRE-ARRIVAL INSTRUCTIONS

- a. BEWARE of electrical risks and electrified water.
- b. If SAFE to do so - TURN OFF POWER or disconnect from power source.
- c. AIRWAY
- d. C. P. R.

Determinant

DISPATCH

PRIORITIES

Response

A. If NOW conscious AND breathing.

Priority 2

B. Unconscious - NOT breathing - or - status is questionable.

Priority 1 w/fire

If power source unable to be turned off SAFELY call power company.

50 Falls

KEY QUESTIONS

1. Distance fell? (> 6ft)
2. Alert?
3. Paralysis or loss of feeling?
4. Breathing normally?
5. Cause of fall..electrocution
 - ..accident
 - ..fainting-LOC
 - ..migraine

PRE-ARRIVAL INSTRUCTIONS

- a. DON'T MOVE the VICTIM.
- b. DON'T treat unless serious bleeding is present.

Determinant

DISPATCH

PRIORITIES

Response

- | | |
|--|-------------------|
| A. Ground-level fall (LESS than 6 feet)
w/o priority symptoms or cause. | Priority 2 |
| B. Ground-level fall WITH difficulty breathing. | Priority 1 w/fire |
| C. Ground-level fall WITH any alteration of
consciousness/paralysis/or loss of feeling. | Priority 1 w/fire |
| D. Long fall (GREATER than 6 feet) | Priority 1 w/fire |

151 Fracture / Sprain / Dislocation

KEY QUESTIONS

1. Location of injury?
2. Uncontrollable bleeding?
3. Trapped victims?
4. Alert?
5. Breathing normally?
6. Amputation?
-are parts found?

PRE-ARRIVAL INSTRUCTIONS

- a. DON'T move the victim.
- b. DON'T splint.
- c. Use direct pressure for bleeding.
- d. Lay victim down.
- e. Keep victim warm.
- f. Locate any amputated parts or skin and place in a clean plastic bag.

Determinant

DISPATCH

PRIORITIES

Response

- | | |
|--|--------------------------|
| a. Shoulder-arms-elbows-wrist-hands-feet
fingers-hip-knee-lower leg-ankle-toes | Priority 2 |
| b. Clavicle-back-genitalia-pelvis-femur
(upper leg) Not Alert OR breathing abnormally | Priority 2 |
| c. Head (if conscious)-neck-abdomen-chest
ribs-sternum OR Extrication Needed. | Priority 1 w/fire/rescue |

IF UNCONTROLLED HEMORRHAGING - UPGRADE DETERMINANT 1 LEVEL.

2/89

160 Headache

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
<ol style="list-style-type: none"> 1. Alert? 2. Trouble speaking? 3. Paralysis or loss of feeling? 4. Sudden onset of severe pain? 5. Vomiting? 6. Fever? 7. History of. High blood pressure? . Prior strokee . migraine 		<p>If patient is NOT alert - consider AIRWAY CONTROL</p> <p>List (or place into a paper bag) ALL current medications and write down name & phone of doctor.</p>	
Determinant	DISPATCH	PRIORITIES	Response
<p>A. Alteration of consciousness - Sudden or severe onset - Speech or motor problems</p>		<p>Priority 2</p>	

61 Head Injury - Unconscious

KEY QUESTIONS

1. Alert?
2. Trouble speaking? Vision blurred
3. Paralysis or loss of feeling?
4. Sudden onset of severe pain?
5. Vomiting?
6. Fever?
7. History of. High blood pressure?
 . Prior strokee
 . migraine

PRE-ARRIVAL INSTRUCTIONS

If patient is NOT alert - consider
 AIRWAY CONTROL

List (or place into a paper bag)
 ALL current medications and write
 down name & phone of doctor.

Determinant

DISPATCH

PRIORITIES

Response

A. UNCONSCIOUS

Priority 1 w/fire

B. Alteration of consciousness -
 Sudden or severe onset -
 Speech or motor problems

Priority 2

70 Heart Problems

KEY QUESTIONS

1. Breathing normally?
2. Alert?
3. Chest pain?
4. Can you take a pulse?
5. Heart rate?
6. Cardiac history?

PRE-ARRIVAL INSTRUCTIONS

TO TAKE A PULSE...

- find adams apple on neck
- feel on either side for a pulse
- do not push hard
- count the pulses for 15 seconds
- how many are there?

Determinant

DISPATCH

PRIORITIES

Response

- | | | | |
|---|--|------------|--------|
| a. NO priority symptoms (heart rate ≤ 130) | | Priority 1 | |
| b. Third party (symptoms unknown) | | Priority 1 | w/fire |
| c. No priority symptoms BUT heart rate > 130
in 35+ age group OR Significant cardiac
history. | | Priority 1 | w/fire |

180 Hemorrhage

KEY QUESTIONS

RESPONSIVE ? (HE/SHE AWAKE)
 DIFFICULTY BREATHING ?
 INTERNAL/EXTERNAL BLEEDING ?
 SPURTING OR FLOWING (OOZING) ?
 LOCATION OF BLEEDING ?
 AGE ?

PRE-ARRIVAL INSTRUCTIONS

A. DIRECT PRESSURE AND ELEVATION
 B. BE CALM
 C. LAY DOWN / ELEVATE LEGS
 D. KEEP WARM
 E. NOSE BLEED - PINCH NOSTRILS
 F. IF CALL MUST TERMINAT - INFORM
 CALLER TO IMMEDIATELY CALL BACK IF
 PTS CONDITION WORSENS

Determinant	DISPATCH	PRIORITIES	Response
DANGEROUS (NECK RECTAL VOMITING LATE PREGNANCY GROIN VAGINAL COUGHING UP)		PRI 1	WITH FIRE
POSSIBLY DANGEROUS (FACE ARM LEGS SCALP)		PRI 2	
NOT DANGEROUS (HANDS FINGERS TOES) (MOUTH UNLESS AIRWAY IS COMPROMISED)		PRI 2	

181 Multi-System Trauma

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
1. Location of injury?		a. DON'T move the victim.	
2. Uncontrollable bleeding?		b. DON'T splint.	
3. Trapped victims?		c. Use direct pressure for bleeding.	
4. Alert?		d. Lay victim down.	
5. Breathing normally?		e. Keep victim warm.	
6. Amputation?		f. Locate any amputated parts or	
-are parts found?		skin and place in a clean	
7. Cause of injury?		plastic bag.	
Determinant	DISPATCH	PRIORITIES	Response
a. Shoulder-arms-elbows-wrist-hands-feet fingers-hip-knee-lower leg-ankle-toes		Priority 2	
b. Clavicle-back-genitalia-pelvis-femur (upper leg) Not Alert OR breathing abnormally		Priority 2	
c. Head (if conscious)-neck-abdomen-chest ribs-sternum OR Extrication Needed.		Priority 1 w/fire/rescue	
IF UNCONTROLLED HEMORRHAGING - UPGRADE DETERMINANT 1 LEVEL.			

930 Stab Wound

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
1. Assailant still present?		a. Remain safe if assailant nearby.	
2. Police notified?		b. Have pt. lay down & calm them.	
3. Location of wound?		c. DONT DISTURB SCENE/MOVE WEAPONS!	
4. Alert?		d. Apply direct pressure on extremity wounds only.	
5. Uncontrollable bleeding?		e. Keep victim warm.	
6. Time of injury?		f. Elevate legs if uninjured.	
7. Stab or Gunshot?			

Determinant	DISPATCH	PRIORITIES	Response
POLICE TO SECURE SCENE FIRST!!			
a. Known SINGLE peripheral (extremity) stab or gunshot wound.		Priority 2	
b. Stab or gunshot wound (central or multiple) or not alert.		Priority 1	
c. Multiple victims OR uncontrollable hemorrhage.		Priority 1 w/fire	

2/89

200 Pregnancy / Childbirth / Miscarriage

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
1. Months pregnant? (trimester)		a. Don't try to prevent birth. (DO NOT cross legs)	
2. Is this her 1st pregnancy?		b. DO NOT sit on toilet.	
3. Is the baby born yet?		c. Lay down & take deep breaths with the pains.	
4. Frequency of pain?		d. See childbirth seq. if nec.	
5. Pushing or crowning?		e. Keep the baby warm.	
6. Bleeding?			
7. Seizure occurred?			
8. Injury to abdomen?			

Determinant	DISPATCH	PRIORITIES	Response
a. Illness during pregnancy - 1st trimester bleeding. NO labor pains.			Priority 2
b. Unknown pregnancy problem - Trauma to abdomen.			Priority 2
c. Labor (delivery not imminent - any trimester) Miscarriage (1st & 2nd trimester)			Priority 2
d. 3rd trimester IMMINENT DELIVERY OR MISCARRIAGE Delivery or birth 3rd trimester bleeding any seizure			Priority 1 (fire at discretion of dispatch) 2/89

210 Psychiatric / Behavioral Problems

KEY QUESTIONS

1. Is patient violent?
2. Are weapons present? Potential?
3. Suicide attempt?
4. What method used?
5. Drug or alcohol involved?
6. Medical hx of -Diabetes
stroke or seizures?
7. Hx of similar problems?

PRE-ARRIVAL INSTRUCTIONS

- a. Beware of attack.
- b. Observe continuously.
- c. Protect victim from self(safely!)
- d. Calm pt.(keep 1st party on phone)
- e. IF HANGING-cut down immediately
- f. CPR
- g. Check for med. ID tags/cards.

Determinant

DISPATCH

PRIORITIES

Response

HAVE POLICE SECURE SCENE FIRST!!!

- a. Non-violent and Non-suicidal.
- b. Violent - OR - Suicidal.
- c. Hanging and/or Strangulation.

Priority 6 for 3 w/P.D.

Priority 2 w/P.D.

Priority 1 w/fire/P.D.

2/89

20 Illness

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
1. Breathing normally? 2. Alert? 3. Chest Pain? 4. Bleeding? 5. Length of illness? 6. Hx. of -Stroke -injuries -epilepsy -diabetes -cardiac diseases		a. Consult specific Pre-arrival instruction as prob. indicates. b. NO food or drink. c. List or place all current meds in bag and write down doctors name.	
Determinant	DISPATCH	PRIORITIES	Response
a. Sick WITHOUT specific priority symptoms.			Priority 2
b. Unknown (3rd party call)			Priority 2

723 Cold Related Problems

KEY QUESTIONS

1. Turning blue?
2. Alert?
3. Chest Pain?
4. Cardiac History?
5. Skin temperature..

PRE-ARRIVAL INSTRUCTIONS

- a. FROSTNIP -blanched numb skin w/
discomfort followed by cessation
cold feeling.
- b. FROSTNIP is the ONLY form frost-
bite to be treated at scene.
1. Keep pt WARM in a protected site.
2. Warm affected area w/o rubbing.
3. Give NO alcohol.

Determinant	DISPATCH	PRIORITIES	Response
a. Alert (no priority symptoms)			Priority 2
b. Chest Pain (age => 35) - OR - Previous Cardiac History - OR - NOT alert (go to chest pain 170)			Priority 1 w/fire
c. Unconscious OR turning blue.			Priority 1 w/fire

924 Heat Related Problems

KEY QUESTIONS

1. Turning blue?
2. Alert?
3. Chest Pain?
4. Cardiac History?
5. Skin temperature.. Hotter?
6. Skin Texture.. Colder?
- Normal?
- Unknown?

PRE-ARRIVAL INSTRUCTIONS

- a. Remove victim from Heat sources.
- b. Remove victim's clothing.
- c. Apply cool water to the entire skin surface with fanning.
- d. If alert - Give fluids liberally.

Determinant

DISPATCH

PRIORITIES

Response

- | | | |
|---|--|-------------------|
| a. Alert (no priority symptoms) | | Priority 2 |
| b. Chest Pain (age => 35) - OR -
Previous Cardiac History - OR -
NOT alert (go to chest pain 170) | | Priority 1 w/fire |
| c. Unconscious OR turning blue. | | Priority 1 w/fire |

230 Stab Wound

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
1. Assailant still present?	a. Remain safe if assailant nearby.		
2. Police notified?	b. Have pt. lay down & calm them.		
3. Location of wound?	c. DONT DISTURB SCENE/MOVE WEAPONS!		
4. Alert?	d. Apply direct pressure on extremity wounds only.		
5. Uncontrollable bleeding?	e. Keep victim warm.		
6. Time of injury?	f. Elevate legs if uninjured.		
7. Stab or Gunshot?			

Determinant	DISPATCH	PRIORITIES	Response
POLICE TO SECURE SCENE FIRST!!			
a. Known SINGLE peripheral (extremity) stab or gunshot wound.		Priority 2	
b. Stab or gunshot wound (central or multiple)		Priority 1	
c. Multiple victims OR uncontrollable hemorrhage OR not alert.		Priority 1 w/fire	

240 Stroke / CVA

KEY QUESTIONS

1. Breathing normally?
2. Alert?
3. Able to talk normally?
4. able to move limbs? Equal grips?

PRE-ARRIVAL INSTRUCTIONS

- a. NO pillows behind pt's head.
- b. Tilt head back to open airway.
- c. Lay pt down (semi-reclining)
- d. If unconscious-turn on side.

List or place all current meds
in paper bag and write down
name & phone of doctor.

Determinant

DISPATCH

PRIORITIES

Response

- a. Conscious WITHOUT respiratory distress
(speech problem may be present)

Priority 2

- b. Other PRIORITY systems...
 - NOT alert
 - Abnormal breathing

Priority 1 w/fire

750 Traffic Injury Accidents

KEY QUESTIONS

1. Alert?
2. Breathing normally?
3. Multiple victims?
4. Trapped victims?
5. Victims underwater?
6. Location of injuries?
7. Smoke or Fire present?
8. Fuel/Gas spilled?

PRE-ARRIVAL INSTRUCTIONS

- a. Check ABC's
- b. DON'T move unless fire or dangerous environment.
- c. DON'T treat unless serious bleeding.
- d. Look for and direct rescue personnel to victim.

Determinant

DISPATCH

PRIORITIES

Response

- | | |
|---------------------------------------|---------------------------------|
| a. Without confirmation of injuries. | Priority 2 w/police |
| b. With injuries. | Priority 2 w/police |
| c. Not alert. | Priority 1 w/police & fire |
| d. Auto-pedestrian OR auto-motorcycle | Priority 1 w/police/fire/rescue |
| auto-bicycle - Known multiple victims | |
| Scuba assistance - critical victims | |
| reported by police - Rollover | |

255 Traffic Accident - Party Pinned

KEY QUESTIONS

1. Alert?
2. Breathing normally?
3. Multiple victims? number?
4. Trapped victims? number?
5. Victims underwater?
6. Location of injuries?
7. Smoke or Fire present?
8. Fuel/Gas spilled?

PRE-ARRIVAL INSTRUCTIONS

- a. Check ABC's
- b. DON'T move unless fire or dangerous environment.
- c. DON'T treat unless serious bleeding.
- d. Look for and direct rescue vehicle to victim.

Determinant

DISPATCH

PRIORITIES

Response

- a. Without confirmation of injuries.
- b. With injuries.
- c. Not alert.
- d. Auto-pedestrian OR auto-motorcycle
auto-bicycle - Known multiple victims
Scuba assistance - critical victims
reported by police - Rollover

- Priority 2 w/police/fire/rescue
- Priority 2 w/police/fire/rescue
- Priority 1 w/police/fire/rescue
- Priority 1 w/police/fire/rescue

60 Traumatic Injuries

KEY QUESTIONS

1. Location of injury?
2. Uncontrollable bleeding?
3. Trapped victims?
4. Alert?
5. Breathing normally?
6. Amputation?
 -are parts found?

PRE-ARRIVAL INSTRUCTIONS

- a. DON'T move the victim.
- b. DON'T splint.
- c. Use direct pressure for bleeding.
- d. Lay victim down.
- e. Keep victim warm.
- f. Locate any amputated parts or skin and place in a clean plastic bag.

Determinant

DISPATCH

PRIORITIES

Response

- | | |
|--|--------------------------|
| a. Shoulder-arms-elbows-wrist-hands-feet
fingers-hip-knee-lower leg-ankle-toes | Priority 2 |
| b. Clavicle-back-genitalia-pelvis-femur
(upper leg) Not Alert OR breathing abnormally | Priority 1 w/fire |
| c. Head (if conscious)-neck-abdomen-chest
ribs-sternum OR Extrication Needed. | Priority 1 w/fire/rescue |

IF UNCONTROLLED HEMORRHAGING - UPGRADE DETERMINANT 1 LEVEL.

2/89

270 Unconsciousness / Fainting

KEY QUESTIONS

1. Breathing normally?
2. Still unconscious? if no >
a) Alert / able to talk?
3. How long unconscious?
4. Alcohol and/or drug ingestion?
5. Abdominal pain?
6. Hx. of.. Stroke? .. Seizures
.. Diabetes .. Cardiac?

PRE-ARRIVAL INSTRUCTIONS

- a. Airway - head tilt.
- b. No pillows behind head.
- c. Lay victim flat on floor.
- d. Turn victim on side if vomiting
or drooling is present.
- e. Check for medical ID/tags.
List or place all meds in bag and
write down name/phone of doctor.

Determinant

DISPATCH

PRIORITIES

Response

- | | |
|---|-------------------|
| a. Now conscious and breathing. (single episode) | Priority 2 |
| b. Now conscious WITH difficulty breathing. | Priority 1 w/fire |
| c. Unconscious - multiple fainting episodes -
Females 12-50 yrs old WITH abdominal pain. | Priority 1 w/fire |

280 Neonatal (Inter-hospital Transport)

KEY QUESTIONS

- a. Destination?
- b. Infants problem?
- c. Specialized equipment required?
- d. Number of attendants required?
- e. Nurse/physician/respiratory
tech. to accompany attendant?
- f. How soon leaving?
- g. Which transport isolet utilized?

PRE-ARRIVAL INSTRUCTIONS

Determinant

DISPATCH

PRIORITIES

Response

CONTACT SHIFT SUPERVISOR - ADVISE IMMEDIATELY !

290 Unknown Problem

KEY QUESTIONS		PRE-ARRIVAL INSTRUCTIONS	
1. Able to talk? 2. Breathing Normally? 3. Any movement noticed? 4. Is victim lying down? 5. Exact Location?		a. Airway - Head tilt. b. C. P. R. - if necessary. c. Look for and direct rescue vehicle to victim. d. Check for medical ID/Tags.	
Determinant	DISPATCH	PRIORITIES	Response
a. Unknown Problems OR man down		Priority 2 w/P. D.	
b. If any information SUGGESTS unconsciousness - cardiac arrest OR ALS needed.		Priority 1 w/fire P. D. (p. r. n.)	

291 Man Down (unknown problem)

KEY QUESTIONS

1. Able to talk?
2. Breathing Normally?
3. Any movement noticed?
4. Is victim lying down?
5. Exact Location?

PRE-ARRIVAL INSTRUCTIONS

- a. Airway - Head tilt.
- b. C. P. R. - if necessary.
- c. Look for and direct rescue vehicle to victim.
- d. Check for medical ID/Tags.

Determinant

DISPATCH

PRIORITIES

Response

a. Unknown Problems OR man down

Priority 2 w/P.D.

b. If any information SUGGESTS unconsciousness
- cardiac arrest OR ALS needed.

Priority 1 w/fire
P.D. (p.r.n.)

2/89

900 Rape/Sexual Assault

KEY QUESTIONS

1. Is assailant present?
2. Are Police needed now?
3. Is victim Alert?
4. What part of body injured?
5. Is there Serious Bleeding?
6. When did this happen?
7. Any type of physial injuries?

PRE-ARRIVAL INSTRUCTIONS

- a. Lay down and/or calm the victim.
- b. DO NOT Disturb scene/move weapons.
- c. Direct pressure on extremity and head wounds.
- d. Keep victim warm.
- e. DO NOT change clothes bathe or shower after rape.

Determinant

DISPATCH

PRIORITIES

Response

A. Rape

Priority 3 w/police 1st

B. Unknown Injuries / Serious hemorrhage

Priority 2 w/police

C. Not Alert

Priority 1 w/police & fire

90 Overdose / Poisoning / Ingestion

KEY QUESTIONS

1. Alert? (able to talk?)
2. Breathing normally?
3. What was ingested?
 - caustics -antidepressants
 - narcotics -aspirin/Tylenol
 - sedatives -other
4. Time of ingestion?
5. Is victim violent?

PRE-ARRIVAL INSTRUCTIONS

- a. Airway.
- b. If anticipated response time is < 10 min. do not treat before arrival. EXCEPTION-Acid or Alkali drink 1-2 glasses of water or milk (if ALERT & TALKING) If victim is violent or diff. to manage - SEND POLICE.

Determinant

DISPATCH

PRIORITIES

Response

a. Conscious & alert

Priority 2

b. Semi-conscious/NOT alert (unable to talk)
Difficulty breathing.

Priority 1 w/fire

c. Unconscious OR respiratory arrest.

Priority 1 w/fire

EMS FOUNDATION, INC
POLICY STATEMENT

MONTHLY CONTINUING EDUCATION POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To assure paramedics remain current on policies and procedures, and assure a continual review of emergency medical care techniques to assure quality patient care, the EMS Foundation, Inc. agrees that an ongoing monthly inservices are advantageous.

POLICY: All paramedics employed by the Operations Contractor, whether they be full time or part time, will attend and report a minimum of 2 hours of continuing education relating to the EMS field on a monthly basis. Failure to abide by this policy may be deemed as grounds for revocation of the paramedics local certification by the system Medical Director and the Foundation, thereby removing the paramedic from active field service. Inservices may be in the form of "live" presentations or pre-recorded inservices on videotape. A maximum of seven (7) videotaped inservices will be allowed for credit in any annual period.

PROCEDURE:

- A. Attend or review a total to two (2) hours inservice monthly, either by "live" presentation or videotape.
- B. Complete a continuing education attendance report form which shall include at minimum, the topic of the inservice, the date of the inservice, the instructor's name, the location of the inservice and the total length of the inservice. If the inservice was a videotaped presentation, that too will be noted under the instructor section.
- C. Submit the completed continuing education report forms to the Operations Contractor's Training Officer by no later than the last day of the month in which the inservice was conducted.
- D. The Operations Contractor Training Coordinator will verify attendance for each report and will submit all reports to the system Medical Director or his assistant on a monthly basis. Reports will be submitted within one week following the end of the monthly reporting period.
- E. Reports will be computerized and a computer printout will be prepared on a monthly basis for the system Medical Director's review.

F. In the event of non-compliance by a medic, the following procedures will be followed:

1. If an extension is deemed necessary due to mitigating circumstances, the paramedic will request an extension from the system Medical Director. All requests for extensions must be submitted in writing, detailing why an extension is necessary, and must be submitted before the end of the end of the month for which the extension is requested. The Medical Director will then either approve or deny the request.
2. In the event of non-compliance, the medic's local certification and all privileges contained therein may be suspended by the system Medical Director for a period as determined by the Medical Director.
3. In the event of two (2) consecutive months of non-compliance without a waiver or extension granted, the paramedic's local certification will automatically be suspended for a period as determined by the system Medical Director.
4. Requirements for reactivation of a medic's local certification once suspended, will be as follows:
 - i. Complete a review (including all testing) of local policies, procedures and techniques as outlined in the policy for initial certification.
 - ii. Complete all semi-annual skills for the remainder of the present semi-annual skill reporting period.
 - iii. Complete all delinquent monthly inservice requirements.
 - iv. Submit verification of completion of the aforementioned requirements to the system Medical Director with a \$10.00 recertification fee.

REVIEWED AND APPROVED:

Albert V. Emichin M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

William C. Whitaker

6/13/88

EMS FOUNDATION, INC
POLICY STATEMENT

SEMI-ANNUAL SKILLS REQUIREMENT

SUBMITTED: 03/14/88

APPROVED: 06/13/88

REVISED AND APPROVED: 01/23/89

REVISED AND APPROVED: 06/26/89

STATEMENT: A semi-annual skills requirement is implemented to allow for semi-annual review and evaluation of endotracheal intubation, intravenous therapy and cricothyrotomy skills and to insure all Paramedics retain appropriate proficiency of these skills for efficient patient care.

POLICY: All Paramedics employed by the Operations Contractor of the Three Rivers Ambulance Authority will be required to meet minimum semi-annual skill requirements to evaluate and insure maintenance of endotracheal intubation and intravenous therapy and cricothyrotomy skills.

Endotracheal intubation skills must be evaluated by either a physician or attending respiratory therapist. The physician or respiratory therapist will evaluate technique and timeliness of the endotracheal intubation in addition to success.

Intravenous therapy skills must be evaluated by either a physician or a registered nurse. The physician will evaluate technique and timeliness of the intravenous procedure in addition to the success.

Cricothyrotomy skills must be evaluated by performing a minimum of one (1) megacode scenario requiring the use of cricothyrotomies using both the incision and needle methods during the the 6 month semi-annual skill period. Cricothyrotomy skills must be evaluated by either a physician or the Operations Contractor's Training Supervisor. This requirement applies to all personnel, full or part time.

The time periods in which procedures must be performed will be from January through June and July through December of each year.

Full time personnel will be required to successfully complete two (2) intravenous cannulations and one (1) endotracheal intubation during each six month period.

Part time personnel working a minimum of 500 hours during the 6 month period will be required to

successfully complete four (4) intravenous cannulations and two (2) endotracheal intubations during each six month period. Only hours worked with the local contractor will count toward the total.

Part time personnel working less than 500 hours during the 6 month period will be required to successfully complete ten (10) intravenous cannulations and four (4) endotracheal intubations during each six month period.

Paramedics may comply with this policy by scheduling supervised skill sessions in their assigned hospital. Scheduling of time in the hospital's surgery department or with the hospital IV team will be done through the hospital's Clinical Coordinator. In addition, supervised skills may be performed in the emergency department of an appropriate receiving facility when under the direct supervision of appropriate personnel as outlined earlier.

Should a Paramedic feel he/she will be unable to complete the required skills in the time period allotted, he/she may petition the system Medical Director for an extension of the skill time limits. The system Medical Director will either approve or reject the petition and notify the Paramedic of the decision in writing.

Failure to complete the required skills in the allotted period may result in the revocation or suspension of the Paramedics local certification or license, at the discretion of the system Medical Director. In the event of revocation or suspension, the Paramedic will be notified by certified U.S. Mail with copies sent to the Executive Director of the Authority and the Authority's Operations Contractor.

To comply with this policy, the following procedure will be used.

PROCEDURE:

- A. Scheduled supervised skill sessions:
 1. Paramedic will schedule for time in the appropriate department of his/her assigned hospital through the hospital's Clinical Coordinator;
 2. Paramedic will attend skill session and have appropriate personnel complete and sign semi-annual skills check of form;
 3. Paramedic will return completed form to

clinical coordinator;

4. Clinical coordinator will record information for computation at end of period;
 5. 30 days prior to the end of the period, Clinical Coordinator will review completed skills for each assigned Paramedic;
 6. Clinical Coordinator will notify any Paramedics delinquent in skills and report any such delinquencies to the Medical Director Assistant, the Authority and the Operations Contractor;
 7. At end of period, Clinical Coordinator will record all skills and the hours for each and report to the Medical Director/Assistant, Medical Director, the Authority and the Operations Contractor of the Authority.
- B. Emergency department supervised skill sessions:
1. Paramedic will perform skill under appropriate supervision;
 2. Paramedic will obtain semi-annual skill report form as soon as possible and have it completed and signed by person supervising skill;
 3. Paramedic will deliver completed skill report form to his/her assigned Clinical Coordinator, to the Clinical Coordinator of the facility in which the skill was performed or to the Operations Contractor's Training Supervisor.
 4. If the completed form is delivered to the Clinical Coordinator of a different facility than that to which the Paramedic is assigned, or to the Operations Contractor's Training Supervisor, that person will deliver the completed form to the assigned Clinical Coordinator as soon as possible.
 5. Clinical coordinator will record information for computation at end of period;
 6. 30 days prior to the end of the period, Clinical Coordinator will review completed skills for each assigned Paramedic;
 7. Clinical Coordinator will notify any Paramedics delinquent in skills and report any such delinquencies to the Medical Director Assistant, the Authority and the Operations

Contractor;

8. At end of period, Clinical Coordinator will record all skills and the hours for each and report to the Medical Director/Assistant, Medical Director, the Authority and the Operations Contractor of the Authority.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

6/25/89
Date

Anthony C. Maffett MD
Medical Director

6/25/89
Date

EMS FOUNDATION, INC
POLICY STATEMENT

SEMI-ANNUAL SKILLS REQUIREMENT

SUBMITTED: 03/14/88

APPROVED: 06/13/88

REVISED AND APPROVED: 01/23/89

STATEMENT: A semi-annual skills requirement is implemented to allow for semi-annual review and evaluation of endotracheal intubation and intravenous therapy skills and to insure all Paramedics retain appropriate proficiency of these skills for efficient patient care.

POLICY: All Paramedics employed by the Operations Contractor of the Three Rivers Ambulance Authority will be required to meet minimum semi-annual skill requirements to evaluate and insure maintenance of endotracheal intubation and intravenous therapy skills.

Endotracheal intubation skills must be evaluated by either a physician or attending respiratory therapist. The physician or respiratory therapist will evaluate technique and timeliness of the endotracheal intubation in addition to success.

Intravenous therapy skills must be evaluated by either a physician or a registered nurse. The physician will evaluate technique and timeliness of the intravenous procedure in addition to the success.

The time periods in which procedures must be performed will be from January through June and July through December of each year.

Full time personnel will be required to successfully complete two (2) intravenous cannulations and one (1) endotracheal intubation during each six month period.

Part time personnel working a minimum of 500 hours during the 6 month period will be required to successfully complete four (4) intravenous cannulations and two (2) endotracheal intubations during each six month period. Only hours worked with the local contractor will count toward the total.

Part time personnel working less than 500 hours during the 6 month period will be required to successfully complete ten (10) intravenous cannulations and four (4) endotracheal intubations during each six month period.

Paramedics may comply with this policy by scheduling supervised skill sessions in their assigned hospital. Scheduling of time in the hospital's surgery department or with the hospital IV team will be done through the hospital's Clinical Coordinator. In addition, supervised skills may be performed in the emergency department of an appropriate receiving facility when under the direct supervision of appropriate personnel as outlined earlier.

Should a Paramedic feel he/she will be unable to complete the required skills in the time period allotted, he/she may petition the system Medical Director for an extension of the skill time limits. The system Medical Director will either approve or reject the petition and notify the Paramedic of the decision in writing.

Failure to complete the required skills in the allotted period may result in the revocation or suspension of the Paramedics local certification or license, at the discretion of the system Medical Director. In the event of revocation or suspension, the Paramedic will be notified by certified U.S. Mail with copies sent to the Executive Director of the Authority and the Authority's Operations Contractor.

To comply with this policy, the following procedure will be used.

PROCEDURE:

A. Scheduled supervised skill sessions:

1. Paramedic will schedule for time in the appropriate department of his/her assigned hospital through the hospital's Clinical Coordinator;
2. Paramedic will attend skill session and have appropriate personnel complete and sign semi-annual skills check of form;
3. Paramedic will return completed form to clinical coordinator;
4. Clinical coordinator will record information for computation at end of period;
5. 30 days prior to the end of the period, Clinical Coordinator will review completed skills for each assigned Paramedic;
6. Clinical Coordinator will notify any Paramedics delinquent in skills and report any such

delinquencies to the Medical Director Assistant, the Authority and the Operations Contractor;

7. At end of period, Clinical Coordinator will record all skills and the hours for each and report to the Medical Director/Assistant, Medical Director, the Authority and the Operations Contractor of the Authority.

B. Emergency department supervised skill sessions:

1. Paramedic will perform skill under appropriate supervision;
2. Paramedic will obtain semi-annual skill report form as soon as possible and have it completed and signed by person supervising skill;
3. Paramedic will deliver completed skill report form to his/her assigned Clinical Coordinator, to the Clinical Coordinator of the facility in which the skill was performed or to the Operations Contractor's Training Supervisor.
4. If the completed form is delivered to the Clinical Coordinator of a different facility than that to which the Paramedic is assigned, or to the Operations Contractor's Training Supervisor, that person will deliver the completed form to the assigned Clinical Coordinator as soon as possible.
5. Clinical coordinator will record information for computation at end of period;
6. 30 days prior to the end of the period, Clinical Coordinator will review completed skills for each assigned Paramedic;
7. Clinical Coordinator will notify any Paramedics delinquent in skills and report any such delinquencies to the Medical Director Assistant, the Authority and the Operations Contractor;
8. At end of period, Clinical Coordinator will record all skills and the hours for each and report to the Medical Director/Assistant, Medical Director, the Authority and the Operations Contractor of the Authority.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

01/23/89
Date

Phillip C. Wainwright MD
Medical Director

01/23/89
Date

**EMS FOUNDATION, INC
POLICY STATEMENT**

**SEMI-ANNUAL SKILLS REQUIREMENT
ADVANCED EMT**

SUBMITTED:
APPROVED:

STATEMENT: A semi-annual skills requirement is implemented to allow for semi-annual review and evaluation of non-visualized airway placement, intravenous therapy and defibrillation skills and to insure all Advanced EMTs retain appropriate proficiency of these skills for efficient patient care.

POLICY: All Advanced EMTs employed by the Operations Contractor of the Three Rivers Ambulance Authority will be required to meet minimum semi-annual skill requirements to evaluate and insure maintenance of non-visualized airway placement, intravenous therapy and defibrillation skills.

Non-visualized airway placement skills (Combitube or similar device) must be evaluated by either a physician, an attending respiratory therapist, or by the Operations Contractor's Training Supervisor. The physician, respiratory therapist, or the Training Supervisor will evaluate technique and timeliness of the non-visualized airway placement skill in addition to success.

Intravenous therapy skills must be evaluated by either a physician or a registered nurse. The physician will evaluate technique and timeliness of the intravenous procedure in addition to the success.

Defibrillation skills must be evaluated by performing a minimum of one (1) mega code scenario requiring the use of defibrillation, in addition to all other Advanced EMT skills and must be evaluated by either a physician or the Operations Contractor's Training Supervisor. This requirement applies to all personnel, full or part time.

The time periods in which procedures must be performed will be from January through June and July through December of each year.

Full time personnel will be required to successfully complete two (2) intravenous cannulations and one (1) non-visualized airway placement during each six month period.

Part time personnel working a minimum of 500 hours during the 6 month period will be required to successfully complete four (4) intravenous cannulations and two (2) non-visualized airway placements during each six month period. Only hours worked with the local contractor will count toward the total.

Part time personnel working less than 500 hours during the 6 month period will be required to successfully complete ten (10) intravenous cannulations and four (4) non-visualized airway placements during each six month period.

Advanced EMTs may comply with this policy by scheduling supervised skill sessions in their assigned hospital. Scheduling of time with the hospital IV team will be done through the hospital's Clinical Coordinator. In addition, supervised skills may be performed in the emergency department of an appropriate receiving facility when under the direct supervision of appropriate personnel as outlined earlier.

Should an Advanced EMT feel he/she will be unable to complete the required skills in the time period allotted, he/she may petition the system Medical Director for an extension of the skill time limits. The system Medical Director will either approve or reject the petition and notify the Advanced EMT of the decision in writing.

Failure to complete the required skills in the allotted period may result in the revocation or suspension of the Advanced EMTs local certification or license, at the discretion of the system Medical Director. In the event of revocation or suspension, the Advanced EMT will be notified by certified U.S. Mail with copies sent to the Executive Director of the Authority and the Authority's Operations Contractor.

To comply with this policy, the following procedure will be used.

PROCEDURE:

- A. Scheduled supervised skill sessions:
1. Advanced EMT will schedule for time in the appropriate department of his/her assigned hospital through the hospital's Clinical Coordinator;
 2. Advanced EMT will attend skill session and have appropriate personnel complete and sign semi-annual skills check of form;
 3. Advanced EMT will return completed form to clinical coordinator;
 4. Clinical coordinator will record information for computation at end of period;
 5. 30 days prior to the end of the period, Clinical Coordinator will review completed skills for each assigned Advanced EMT;
 6. Clinical Coordinator will notify any Advanced EMTs delinquent in skills and report any such delinquencies to the Medical Assistant, the Authority and the Operations Contractor;
 7. At end of period, Clinical Coordinator will record all skills and the hours for each and report to the Medical Director/Assistant, Medical Director, the Authority and the Operations Contractor of the Authority.

B. Emergency department supervised skill sessions:


- as
1. Advanced EMT will perform skill under appropriate supervision;
 2. Advanced EMT will obtain semi-annual skill report form as soon possible and have it completed and signed by person supervising skill;
 3. Advanced EMT will deliver completed skill report form to his/her assigned Clinical Coordinator, to the Clinical Coordinator of the facility in which the skill was performed or to the Operations Contractor's Training Supervisor.
 4. If the completed form is delivered to the Clinical Coordinator of a different facility than that to which the Advanced EMT is assigned, or to the Operations Contractor's Training Supervisor, that person will deliver the completed form to the assigned Clinical Coordinator as soon as possible.
 5. Clinical coordinator will record information for computation at end of period;
 6. 30 days prior to the end of the period, Clinical Coordinator will review completed skills for each assigned Advanced EMT;
 7. Clinical Coordinator will notify any Advanced EMTs delinquent in skills and report any such delinquencies to the Medical Assistant, the Authority and the Operations Contractor;

8. At end of period, Clinical Coordinator will record all skills and the hours for each and report to the Medical Director/Assistant, Medical Director, the Authority and the Operations

Contractor of the Authority.

REVIEWED AND APPROVED:


Chairman, EMS Foundation Inc. Date 12/17/97


Medical Director Date 12/10/97

EMS FOUNDATION, INC.

POLICY STATEMENT

DELINQUENT SEMIANNUAL SKILLS DUE TO MEDICAL LEAVE OF ABSENCE

Submitted: 10/26/87

Approved: 11/16/87

STATEMENT:

To assure an equitable and standardized decision in cases of delinquent semiannual skills or monthly inservice requirement due to an extended medical leave of absence, a written policy must be maintained.

POLICY:

In cases where an extended medical leave of absence will interfere with the timely completion of a medic's semiannual skills or monthly inservice requirement and cause the medic to become delinquent in his/her semiannual skills or monthly inservice requirement, the medic must advise the Medical Director, in writing, of the circumstances of the LOA as soon as possible, and prior to returning to work. The Medical Director will then decide if any extensions of semiannual skills or monthly inservice requirements are justified or appropriate. Unless otherwise determined by the Medical Director, the medic must complete all semiannual skills, all monthly inservice requirements and review all procedures with the contractor's agent prior to being allowed to work on a TRAA ambulance.

PROCEDURE:

- I. Before leaving on an extended medical leave of absence, or as soon as possible thereafter, and BEFORE returning to work, the medic shall:
 - A. Notify the Medical Director, in writing, of the following information:
 1. Nature or reason for the leave.
 2. Date leave will begin/began.
 3. Date will be returning to work.
 4. Reason cannot attend inservices or complete skills.
 5. Skills and/or inservices completed for the year to date.

EMS Foundation, Inc.

Policy Statement
Delinquent Skills - LOA

II. Prior to returning to active status the medic must complete the following unless otherwise specified by the Medical Director:

1. All delinquent semiannual skills.
2. All delinquent monthly inservice requirements.
3. Review all procedures with the contractor's agent.

Reviewed and Approved:


Medical Director

Date: 6/13, 1988


Chairperson,
EMS Foundation, Inc.

Date: 6/13, 1988

EMS FOUNDATION, INC
POLICY STATEMENT

FEE SCHEDULE

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To assure consistency in fees charged for licences, permits and certifications issued by the EMS Foundation Board, the following policy will be followed.

POLICY: The EMS Foundation will set fees for all licenses, certifications and permits issued by the Foundation Board. Fees will be reviewed periodically and may be changed at the discretion of the Foundation Board. All fees will be paid to the EMS Foundation prior to said license, certification or permit being issued and will be charged as contained in the following schedule.

FEE SCHEDULE:

VEHICLES, INITIAL CERTIFICATION:

Ambulance, Ground, Transporting (each)	\$50.00
Ambulance, Ground, Non-Transporting (each)	\$30.00
Ambulance, Fixed Wing Aircraft (each)	\$200.00
Ambulance, Rotary Wing Aircraft (each)	\$200.00
Rescue, Ground, Non-Transporting	\$30.00

VEHICLES, ANNUAL RECERTIFICATION:

Ambulance, Ground (each vehicle)	\$25.00
Ambulance, Ground, Non-Transporting (each)	\$15.00
Ambulance, Fixed Wing Aircraft (each)	\$100.00
Ambulance, Rotary Wing Aircraft (each)	\$100.00
Rescue, Ground, Non-Transporting	\$15.00

PERSONNEL, INITIAL CERTIFICATION:

Paramedic	\$30.00
System Status Manager*	NC
*Must also be Paramedic certified	
Advanced EMT	\$20.00
Basic EMT	\$10.00
First Responder	\$5.00
Driver	\$5.00

PERSONNEL, ANNUAL RECERTIFICATION

Paramedic	\$10.00
System Status Manager*	NC
*Must also be Paramedic certified	

Basic EMT
First Responder
Driver

\$5.00
\$2.50
\$2.50

**NOTE: FOR AMBULANCES AND EQUIPMENT OWNED SOLEY BY THREE
RIVERS AMBULANCE AUTHORITY, NO FEES WILL BE CHARGED.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

6/11/88
Date

Anthony C. Wiegman
Medical Director

6/13/88
Date

EMS FOUNDATION, INC.

POLICY STATEMENT

MEDIC CERTIFICATION REQUIREMENTS

Initial Certification
Paramedic/System Status Manager

Submitted: 10/26/87

Approved: 11/16/87

Revised and Approved: 07/01/89

STATEMENT:

All paramedics hired by the Operations Contractor of Three Rivers Ambulance Authority must be certified by the Emergency Medical Services Foundation, Incorporated Medical Director (Medical Director) subject to the approval of the Emergency Medical Services Foundation, Incorporated Board (Foundation). Paramedics will not be allowed to work as field paramedics or system status managers until such certification or temporary certification is granted.

POLICY:

Upon being hired by the Operations Contractor, it shall be the responsibility of the Operations Contractor to orient the new paramedic to various aspects of the job which will affect performance and patient care. Specific areas to be addressed at the minimum are:

1. Standing Orders
2. Protocols
3. Treatment Procedures (including nasal intubations, external jugular IVs, intraosseus IVs, pleural decompressions)
4. Charting Procedures
5. Street Orientation
6. Semiannual Skills

Prior to being certified, the new paramedic must be tested on and pass with 100% accuracy items one (1) through five (5) conclusive and complete on the semiannual skill requirement.

In order to be certified, the paramedic must submit an application for certification to the Medical Director which will include verification of testing, method of testing and test scores for items 1 through 5 above, compliance with semiannual skill requirements, and effective July 1, 1989, verification of current American Heart Association Advanced

Cardiac Life Support (ACLS) certification. In addition, a physical examination report must be submitted on such forms as required by the Medical Director and the Foundation. A thirty dollar (\$30.00) non-refundable application fee must accompany the application for consideration.

Upon application, the Medical Director will either approve or reject the application and notify the applicant, Three Rivers Ambulance Authority and the Authority's Operations Contractor as to the status of the application, including reasons for rejection should the application be denied.

Should the application be rejected, the applicant will be notified in writing as to why the application was rejected and the process for appeal. Said notification will be carbon copied to the Authority, the Authority's Operations Contractor and the Foundation Chairman.

PROCEDURE:

- I. Operations Contractor will review at a minimum:
 - A. Standing orders;
 - B. Treatment protocols;
 - C. Treatment procedures;
 - 1. Nasal intubations;
 - 2. External jugular IVs;
 - 3. Intraosseus IVs;
 - 4. Pleural decompressions;
 - D. Charting procedures;
 - E. Street orientation;
 - F. Semiannual skill requirements.
- II. Medical Director or his/her agent will test or supervise testing of new employee through written testing and mega code situations where applicable, and document test results on:
 - A. Standing orders;
 - B. Treatment protocols;
 - C. Treatment procedures;
 - 1. Nasal intubations;
 - 2. External jugular IVs;
 - 3. Intraosseus IVs;
 - 4. Pleural decompressions;
 - D. Charting procedures;
 - E. Street orientation;

- III. Applicant will complete all semiannual skill requirements at assigned hospital under R.N. Or physician supervision.
- IV. Effective July 1, 1989, applicant will complete an American Heart Association ACLS provider course if not already certified.
- V. Applicant will submit to a physical examination under the guidelines of the Medical Director and the Foundation and submit a report to the Medical Director on such forms as prescribed by the Medical Director and Foundation. The cost of the examination will be the applicant's responsibility.
- VI. Applicant will submit written application to the Medical Director, on such forms prescribed by the Medical Director and the Foundation with the following supporting information:
 - A. Verification by Medical Director or his/her agent of testing, test methods used and test results for each of the following:
 - 1. Standing orders;
 - 2. Treatment protocols;
 - 3. Treatment procedures;
 - i. Nasal intubations;
 - ii. External jugular IVs;
 - iii. Intraosseus IVs;
 - iv. Pleural decompressions;
 - 4. Charting procedures;
 - 5. Street orientation;
 - B. Verification by appropriate Clinical Coordinator of semiannual skills completed including date, type of skill and number of times skill completed;
 - C. Effective July 1, 1989, verification of current ACLS provider certification;
 - D. Completed physical examination form;
 - E. Thirty dollar (\$30.00) non-refundable application fee.
- VII. Applicant, the Authority and the Authority's Operations

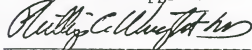
Contractor will be notified by Medical Director or his/her agent as to status of application.

SPECIAL EMERGENCY PROVISIONS:

In the event of a disaster situation the System Medical Director may, at his discretion, temporarily suspend all local licensing and certification requirements set forth by the Foundation for a period not to exceed thirty (30) days. Should any further suspension of said requirements be necessary beyond the thirty (30) day limit, such suspension shall require action of the Foundation Board. All suspensions of local licensing or certification requirements shall be for a period not to exceed the duration of the disaster and shall be reinstated as soon as the system is sufficiently capable of resuming normal operations. The Executive Director of the Three Rivers Ambulance Authority and its Operations Contractor will be consulted and advised prior to any such action.

A disaster situation shall be deemed as meaning, any situation, either natural or man made, in which the system is unable to adequately meet the manpower or equipment needs to operate as would normally be expected, and could lead to significant increases in mortality or morbidity.

Reviewed and Approved:



Medical Director

Date: July 1, 1989



Chairperson,
EMS Foundation, Inc.

Date: July 1, 1989

EMS FOUNDATION, INC.

POLICY STATEMENT

MEDIC CERTIFICATION REQUIREMENTS

Initial Certification
Paramedic/System Status Manager

Submitted: 10/26/87

Approved: 11/16/87

STATEMENT:

All paramedics hired by the Operations Contractor of Three Rivers Ambulance Authority must be certified by the Emergency Medical Services Foundation, Incorporated Medical Director (Medical Director) subject to the approval of the Emergency Medical Services Foundation, Incorporated Board (Foundation). Paramedics will not be allowed to work as field paramedics or system status managers until such certification or temporary certification is granted.

POLICY:

Upon being hired by the Operations Contractor, it shall be the responsibility of the Operations Contractor to orient the new paramedic to various aspects of the job which will affect performance and patient care. Specific areas to be addressed at the minimum are:

1. Standing Orders
2. Protocols
3. Treatment Procedures (including nasal intubations, external jugular IVs, intraosseus IVs, pleural decompressions)
4. Charting Procedures
5. Street Orientation
6. Semiannual Skills

Prior to being certified, the new paramedic must be tested on and pass with 100% accuracy items one (1) through five (5) conclusive and complete on the semiannual skill requirement.

In order to be certified, the paramedic must submit an application for certification to the Medical Director which will include verification of testing, method of testing and test scores for items 1 through 5 above, compliance with semiannual skill requirements, and effective July 1, 1989, verification of current American Heart Association Advanced Cardiac Life Support (ACLS) certification. In addition, a

physical examination report must be submitted on such forms as required by the Medical Director and the Foundation. A thirty dollar (\$30.00) non-refundable application fee must accompany the application for consideration.

Upon application, the Medical Director will either approve or reject the application and notify the applicant, Three Rivers Ambulance Authority and the Authority's Operations Contractor as to the status of the application, including reasons for rejection should the application be denied.

Should the application be rejected, the applicant will be notified in writing as to why the application was rejected and the process for appeal. Said notification will be carbon copied to the Authority, the Authority's Operations Contractor and the Foundation Chairman.

PROCEDURE:

- I. Operations Contractor will review at a minimum:
 - A. Standing orders;
 - B. Treatment protocols;
 - C. Treatment procedures;
 1. Nasal intubations;
 2. External jugular IVs;
 3. Intraosseus IVs;
 4. Pleural decompressions;
 - D. Charting procedures;
 - E. Street orientation;
 - F. Semiannual skill requirements.
- II. Medical Director or his/her agent will test or supervise testing of new employee through written testing and mega code situations where applicable, and document test results on:
 - A. Standing orders;
 - B. Treatment protocols;
 - C. Treatment procedures;
 1. Nasal intubations;
 2. External jugular IVs;
 3. Intraosseus IVs;
 4. Pleural decompressions;
 - D. Charting procedures;
 - E. Street orientation;

- III. Applicant will complete all semiannual skill requirements at assigned hospital under R.N. Or physician supervision.
- IV. Effective July 1, 1989, applicant will complete an American Heart Association ACLS provider course if not already certified.
- V. Applicant will submit to a physical examination under the guidelines of the Medical Director and the Foundation and submit a report to the Medical Director on such forms as prescribed by the Medical Director and Foundation. The cost of the examination will be the applicant's responsibility.
- VI. Applicant will submit written application to the Medical Director, on such forms prescribed by the Medical Director and the Foundation with the following supporting information:
 - A. Verification by Medical Director or his/her agent of testing, test methods used and test results for each of the following:
 - 1. Standing orders;
 - 2. Treatment protocols;
 - 3. Treatment procedures;
 - i. Nasal intubations;
 - ii. External jugular IVs;
 - iii. Intraosseus IVs;
 - iv. Pleural decompressions;
 - 4. Charting procedures;
 - 5. Street orientation;
 - B. Verification by appropriate Clinical Coordinator of semiannual skills completed including date, type of skill and number of times skill completed;
 - C. Effective July 1, 1989, verification of current ACLS provider certification;
 - D. Completed physical examination form;
 - E. Thirty dollar (\$30.00) non-refundable application fee.
- VII. Applicant, the Authority and the Authority's Operations Contractor will be notified by Medical Director or

EMS Foundation

Policy Statement
Initial EMT-P Certification

his/her agent as to status of application.

Reviewed and Approved:

Albert V. Emilius M.D.
Medical Director

Date: _____, 198__

Pauline C. Albrecht
Chairperson,
EMS Foundation, Inc.

Date: _____, 198__

EMS FOUNDATION, INC.

POLICY STATEMENT

MEDIC CERTIFICATION REQUIREMENTS

Annual Recertification
Paramedic/System Status Manager

Submitted: 10/26/87

Approved: 11/16/87

STATEMENT:

To assure competent, efficient medical care by paramedics an annual recertification program is needed for all paramedics working for the Three Rivers Ambulance Authority system.

POLICY:

All paramedics of the Operations Contractor of Three Rivers Ambulance Authority shall be required to renew their local certification on an annual basis. All certifications shall be valid for a period of one (1) year from the date of issuance unless otherwise suspended or revoked.

Applicants for renewal must demonstrate compliance with:

1. Monthly inservice requirements for the previous year;
2. Completion of the semiannual skill requirements for the previous year.

Further, applicants for recertification must submit evidence of continued:

1. State Paramedic Certification;
2. Effective July 1, 1989, American Heart Association ACLS Provider certification.

Applicants must submit an application for recertification with documentation of the earlier mentioned requirements, and a ten dollar (\$10.00) non-refundable annual recertification fee to the Emergency Medical Services Foundation, Incorporated Medical Director (Medical Director) no less than thirty (30) days prior to the expiration date on the current certificate.

PROCEDURE:

- I. Complete application for recertification a minimum of thirty

(30) days prior to the expiration date on the current certification

- II. Submit the completed application with the following information to the Medical Director no less than thirty (30) days prior to the expiration date on the current certificate:
- A. Documentation of compliance with the monthly inservice requirements;
 - B. Documentation of compliance with the semiannual skills requirements;
 - C. Documentation of current Indiana Paramedic certificate;
 - D. Effective July 1, 1989, documentation of current AHA ACLS Provider certification;
 - E. Physical examination report form;
 - F. Non-refundable annual recertification fee of ten dollars (\$10.00)
- III. Medical Director will notify applicant, Three Rivers Ambulance Authority and the Authority's Operations Contractor of applicants compliance/non-compliance and status of recertification application.

Reviewed and Approved:


Medical Director

Date: 6/13, 1988


Chairperson,
EMS Foundation, Inc.

Date: 6/13, 1988

EMS FOUNDATION, INC.

POLICY STATEMENT

ADVANCED EMT CERTIFICATION REQUIREMENTS

Initial Certification Advanced EMT/System Status Manager

Submitted:

Approved:

Revised and Approved:

STATEMENT: All Advanced EMT's hired by the Operations Contractor of Three Rivers Ambulance Authority must be certified by the Emergency Medical Services Foundation, Incorporated Medical Director (Medical Director) subject to the approval of the Emergency Medical Services Foundation, Incorporated Board (Foundation). Advanced EMT's will not be allowed to work as field Advanced EMT's or system status managers until such certification or temporary certification is granted.

POLICY: Upon being hired by the Operations Contractor, it shall be the responsibility of the Operations Contractor to orient the new Advanced EMT to various aspects of the job which will affect performance and patient care. Specific areas to be addressed at the minimum are:

1. Standing Orders
2. Protocols
3. Treatment Procedures (including airway maintenance, patient assessment, EKG interpretation, non-visualized advanced airway (Combitube or similar), defibrillation, and IV placement)
4. Charting Procedures
5. Street Orientation
6. Semiannual Skills

Prior to being certified, the new Advanced EMT must be tested on and pass with 100% accuracy items one (1) through five (5) conclusive and complete on the semiannual skill requirement.

In order to be certified, the Advanced EMT must submit an application for certification to the Medical Director which will

include verification of testing, method of testing and test scores for items 1 through 5 above, compliance with semiannual skill requirements, and effective July 1, 1997, verification of current American Heart Association Basic Cardiac Life Support (BCLS) certification. In addition, a physical examination report must be submitted on such forms as required by the Medical Director and the Foundation. A thirty dollar (\$30.00) non-refundable application fee must accompany the application for consideration.

Upon application, the Medical Director will either approve or reject the application and notify the applicant, Three Rivers Ambulance Authority and the Authority's Operations Contractor as to the status of the application, including reasons for rejection should the application be denied.

Should the application be rejected, the applicant will be notified in writing as to why the application was rejected and the process for appeal. Said notification will be carbon copied to the Authority, the Authority's Operations Contractor and the Foundation Chairman.

PROCEDURE:

- I. Operations Contractor will review at a minimum:
 - A. Standing orders;
 - B. Treatment protocols;
 - C. Treatment procedures;
 - 1. Airway maintenance including non-visualized advanced airway;
 - 2. Patient assessment;
 - 3. EKG interpretation and defibrillation;
 - 4. IV placement;
 - D. Charting procedures;
 - E. Street orientation;
 - F. Semiannual skill requirements.

- II. Medical Director or his/her agent will test or supervise testing of new employee through written testing and mega code situations where applicable, and document test results on:
 - A. Standing orders;
 - B. Treatment protocols;
 - C. Treatment procedures;
 - 1. Airway maintenance including non-visualized advanced airway;
 - 2. Patient assessment;
 - 3. EKG interpretation and defibrillation;
 - 4. IV placement;
 - D. Charting procedures;
 - E. Street orientation;
 - F. Semiannual skill requirements.
- III. Applicant will complete all semiannual skill requirements at assigned hospital under R.N. or physician supervision.
- IV. The applicant will complete an American Heart Association BCLS provider course if not already certified.
- V. Applicant will submit to a physical examination under the guidelines of the Medical Director and the Foundation and submit a report to the Medical Director on such forms as prescribed by the Medical Director and Foundation. The cost of the examination will be the applicant's responsibility.
- VI. Applicant will submit written application to the Medical Director, on such forms prescribed by the Medical Director and the Foundation with the following supporting information:
 - A. Verification by Medical Director or his/her agent of testing, test methods used and test results for each of the following:
 - 1. Standing orders;
 - 2. Treatment protocols;
 - 3. Treatment procedures;
 - a. Airway maintenance including non-visualized advanced airway;
 - b. Patient assessment;
 - c. EKG interpretation and defibrillation;
 - d. IV placement;
 - 4. Charting procedures;
 - 5. Street orientation;

- B. Verification by appropriate Clinical Coordinator of semiannual skills completed including date, type of skill and number of times skill completed;
 - C. Verification of current BCLS provider certification;
 - D. Completed physical examination form;
 - E. Thirty dollar (\$30.00) non-refundable application fee.
- VII. Applicant, the Authority and the Authority's Operations Contractor will be notified by Medical Director or his/her agent as to status of application.

SPECIAL EMERGENCY PROVISIONS:

In the event of a disaster situation the System Medical Director may, at his discretion, temporarily suspend all local licensing and certification requirements set forth by the Foundation for a period not to exceed thirty (30) days. Should any further suspension of said requirements be necessary beyond the thirty (30) day limit, such suspension shall require action of the Foundation Board. All suspensions of local licensing or certification requirements shall be for a period not to exceed the duration of the disaster and shall be reinstated as soon as the system is sufficiently capable of resuming normal operations. The Executive Director of the Three Rivers Ambulance Authority and its Operations Contractor will be consulted and advised prior to any such action.

A disaster situation shall be deemed as meaning, any situation, either natural or man made, in which the system is unable to adequately meet the manpower or equipment needs to operate as would normally be expected, and could lead to significant increases in mortality or morbidity.

Reviewed and Approved:



Medical Director

Date: 12/10, 1997



Chairperson,
EMS Foundation, Inc.

Date: 12/17/8, 1997

EMS FOUNDATION, INC
POLICY STATEMENT

MEDICAL AUDIT POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

REVISED AND APPROVED: 04/24/89

STATEMENT: Medical audits are an invaluable tool for documentation of investigative findings and suggested remedies to questionable situations. In addition, medical audits are an excellent method of documenting and commending outstanding performance. As a part of the quality assurance mechanism as outlined by the EMS Commission of the State of Indiana, medical audits will be an integral part of the Three Rivers Ambulance Authority Emergency Medical Services System.

POLICY: Whenever an unusual or questionable situation arises, patient care or the appropriateness of such care is questioned and on all unsuccessful endotracheal intubations, a medical audit will be initiated. Medical audits may be initiated at the request of any interested party.

Each Fort Wayne Sponsoring Hospital's Clinical Coordinator will review all advanced life support charts for runs to their respective facility on a monthly basis. Clinical coordinators will initiate a routine medical audit for each unsuccessful endotracheal intubation. Additional audits may be requested at the discretion of the each Clinical Coordinator.

All audit requests will be forwarded to the system Medical Director/Assistant for background investigation. Following background investigation, the medical audit and background information will be reviewed by the system Medical Director for recommendation of action(s) as necessary and reporting to the system Quality Assurance Committee.

The system Medical Director may suspend or revoke any certification or license issued by the Foundation at his/her discretion, or recommend action be taken by the Authority's Operations Contractor. Should action be necessary by the Operations Contractor, the System Medical Director will define the incident in question as either a "significant" incident, a "serious" incident or a "severe" incident. A significant incident shall be deemed as one in which the System Medical Director feels that some form of action is necessary but that the incident, while being significant, is mild in nature. A serious incident shall be deemed as an incident which has more impact than a significant incident and shall be handled with firmer disciplinary actions than a significant

incident. A serious incident shall be deemed as any incident which has or has the potential of having a serious or grave impact on the system or its patient's. This shall be the most severe and shall be handled with such gravity. The System Medical Director will not make specific recommendations as to the actual type of action as not to interfere with the manpower contract provisions, however, the Operations Contractor will report to the System Medical Director, in writing, the type of action that occurred and when the action occurred. Should the Contractor's actions not be as strong as deemed necessary by the Medical Director, the System Medical Director shall retain the right to suspend or revoke the medic's local license or certification.

Upon completion of the medical audit process, a copy of the audit face sheet and written copy of the system Medical Director's recommendations or actions will be forwarded to the requesting party, the Three Rivers Ambulance Authority Executive Director and the Authority's Operations Contractor. Background investigation materials, including patient care records will not be forwarded to the general public to maintain appropriate confidentiality standards.

The complete original copy, including all background information and patient care information will be retained by the Foundation or its authorized representative.

A medical audit may also be initiated to commend exemplary actions in any situation.

Adverse decisions of a medical audit may be appealed to the System Medical Director. If a resolution of the appeal is unsatisfactory, the person adversely affected by decision of the System Medical Director, may appeal to the EMS Foundation Board whose determination will be final.

PROCEDURE:

- A. All routine audits for unsuccessful endotracheal intubations.
 1. Clinical coordinator will obtain EMS Foundation Medical Audit request form and complete top half of form labeled "Request".
 2. Clinical coordinator will submit completed request form to Medical Director/Assistant for background investigation.

3. Medical Director/Assistant will conduct background investigation to include such pertinent information and documents as deemed necessary by the Medical Director/Assistant.
 4. Upon completion of background investigation, Medical Director/Assistant will submit copies of audit request and all background information to system Medical Director for review.
 5. System Medical Director will report findings and recommendations at the next following Quality Assurance Committee meeting.
 6. System Medical Director's findings and recommendations will be transcribed to back of medical audit request form.
 7. Should the system Medical Director elect to suspend or revoke the local certification or license of the audited party, notice of such suspension or revocation will be mailed by certified U.S. Mail to such party. A copy of such suspension or revocation notice will be forwarded to the Executive Director of the Authority and to the Chairman of the Foundation and the Operations Contractor.
 8. Copies of the completed medical audit request form, including background investigation information and patient records, will be forwarded to 1) Executive Director of TRAA, 2) Operations Contractor, 3) EMS Foundation Chairman, 4) Clinical Coordinator requesting audit, and 5) system Medical Director.
 9. The original request, all background investigation material and a final written report will be retained by the Foundation's authorized representative.
- B. All audits other than routine audits for unsuccessful endotracheal intubations.
1. Requesting party will submit completed request form to Medical Director/Assistant for background investigation.
 2. Medical Director/Assistant will conduct background investigation to include such pertinent information and documents as deemed necessary by the Medical Director/Assistant.

3. Upon completion of background investigation, Medical Director/Assistant will submit copies of audit request and all background information to system Medical Director for review.
4. System Medical Director will report findings and recommendations at the next following Quality Assurance Committee meeting.
5. System Medical Director's findings and recommendations will be transcribed to back of medical audit request form.
6. Should the system Medical Director elect to suspend or revoke the local certification or license of the audited party, notice of such suspension or revocation will be mailed by certified U.S. Mail to such party. A copy of such suspension or revocation notice will be forwarded to the Executive Director of the Authority and to the Chairman of the Foundation.
7. Copies of the completed medical audit request form, excluding background investigation information and patient records, will be forwarded to 1) Executive Director of TRAA, 2) Operations Contractor, 3) EMS Foundation Chairman, 4) party requesting audit and 5) system Medical Director.
8. The original request, all background investigation material and a final written report will be retained by the Foundation's authorized representative.

C. Appeal

1. Person(s) adversely affected by the results of the medical audit must submit a request for appeal to the Foundation Board Chairman within 30 days following the final report of the System Medical Director to the Quality Assurance Committee.
2. Appeal requests must be delivered by U.S. Mail and postmarked by 12:00 midnight of the 30th day following the final report to the Quality Assurance Committee.
3. Appeal requests will be reviewed at the next regularly scheduled EMS Foundation meeting, of which the person(s) requesting the appeal will be notified.

4. The person(s) requesting the appeal will be given the opportunity to present pertinent information as it relates to the medical audit or System Medical Director recommendations.
5. The Foundation Board will notify the person(s) requesting the appeal of the determination of the Board, in writing, within 30 days following the determination of the Foundation Board. All determinations of the Foundation Board will be final.

REVIEWED AND APPROVED:

Albert V. Emilius M.D.
Chairman, EMS Foundation Inc.

4/24/88
Date

Philip C. Whiffet
Medical Director

4/24/89
Date

EMS FOUNDATION, INC
POLICY STATEMENT

MEDICAL AUDIT POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: Medical audits are an invaluable tool for documentation of investigative findings and suggested remedies to questionable situations. In addition, medical audits are an excellent method of documenting and commending outstanding performance. As a part of the quality assurance mechanism as outlined by the EMS Commission of the State of Indiana, medical audits will be an integral part of the Three Rivers Ambulance Authority Emergency Medical Services System.

POLICY: Whenever an unusual or questionable situation arises, patient care or the appropriateness of such care is questioned and on all unsuccessful endotracheal intubations, a medical audit will be initiated. Medical audits may be initiated at the request of any interested party.

Each Fort Wayne Sponsoring Hospital's Clinical Coordinator will review all advanced life support charts for runs to their respective facility on a monthly basis. Clinical coordinators will initiate a routine medical audit for each unsuccessful endotracheal intubation. Additional audits may be requested at the discretion of the each Clinical Coordinator.

All audit requests will be forwarded to the system Medical Director/Assistant for background investigation. Following background investigation, the medical audit and background information will be reviewed by the system Medical Director for recommendation of action(s) as necessary and reporting to the system Quality Assurance Committee.

The system Medical Director may suspend or revoke any certification or license issued by the Foundation at his/her discretion, or recommend disciplinary action(s) to the Authority's Operations Contractor.

Upon completion of the medical audit process, a copy of the audit face sheet and written copy of the system Medical Director's recommendations or actions will be forwarded to the requesting party, the Three Rivers Ambulance Authority Executive Director and the Authority's Operations Contractor. Background investigation materials, including patient care records will not be forwarded to the general public to maintain appropriate confidentiality standards.

The complete original copy, including all background information and patient care information will be retained by the Foundation or its authorized representative.

A medical audit may also be initiated to commend exemplary actions in any situation.

Adverse decisions of a medical audit may be appealed to the System Medical Director. If a resolution of the appeal is unsatisfactory, the person adversely affected by decision of the System Medical Director, may appeal to the EMS Foundation Board whose determination will be final.

PROCEDURE:

- A. All routine audits for unsuccessful endotracheal intubations.
 1. Clinical coordinator will obtain EMS Foundation Medical Audit request form and complete top half of form labeled "Request".
 2. Clinical coordinator will submit completed request form to Medical Director/Assistant for background investigation.
 3. Medical Director/Assistant will conduct background investigation to include such pertinent information and documents as deemed necessary by the Medical Director/Assistant.
 4. Upon completion of background investigation, Medical Director/Assistant will submit copies of audit request and all background information to system Medical Director for review.
 5. System Medical Director will report findings and recommendations at the next following Quality Assurance Committee meeting.
 6. System Medical Director's findings and recommendations will be transcribed to back of medical audit request form.
 7. Should the system Medical Director elect to suspend or revoke the local certification or license of the audited party, notice of such suspension or revocation will be mailed by certified U.S. Mail to such party. A copy of such suspension or revocation notice will be forwarded to the Executive Director of the Authority and to the Chairman of the

Foundation and the Operations Contractor.

8. Copies of the completed medical audit request form, including background investigation information and patient records, will be forwarded to 1) Executive Director of TRAA, 2) Operations Contractor, 3) EMS Foundation Chairman, 4) Clinical Coordinator requesting audit, and 5) system Medical Director.
 9. The original request, all background investigation material and a final written report will be retained by the Foundation's authorized representative.
- B. All audits other than routine audits for unsuccessful endotracheal intubations.
1. Requesting party will submit completed request form to Medical Director/Assistant for background investigation.
 2. Medical Director/Assistant will conduct background investigation to include such pertinent information and documents as deemed necessary by the Medical Director/Assistant.
 3. Upon completion of background investigation, Medical Director/Assistant will submit copies of audit request and all background information to system Medical Director for review.
 4. System Medical Director will report findings and recommendations at the next following Quality Assurance Committee meeting.
 5. System Medical Director's findings and recommendations will be transcribed to back of medical audit request form.
 6. Should the system Medical Director elect to suspend or revoke the local certification or license of the audited party, notice of such suspension or revocation will be mailed by certified U.S. Mail to such party. A copy of such suspension or revocation notice will be forwarded to the Executive Director of the Authority and to the Chairman of the Foundation.
 7. Copies of the completed medical audit request form, excluding background investigation information and patient records, will be forwarded to 1) Executive Director of TRAA, 2)

Operations Contractor, 3) EMS Foundation Chairman, 4) party requesting audit and 5) system Medical Director.

8. The original request, all background investigation material and a final written report will be retained by the Foundation's authorized representative.

C. Appeal

1. Person(s) adversely affected by the results of the medical audit must submit a request for appeal to the Foundation Board Chairman within 30 days following the final report of the System Medical Director to the Quality Assurance Committee.
2. Appeal requests must be delivered by U.S. Mail and postmarked by 12:00 midnight of the 30th day following the final report to the Quality Assurance Committee.
3. Appeal requests will be reviewed at the next regularly scheduled EMS Foundation meeting, of which the person(s) requesting the appeal will be notified.
4. The person(s) requesting the appeal will be given the opportunity to present pertinent information as it relates to the medical audit or System Medical Director recommendations.
5. The Foundation Board will notify the person(s) requesting the appeal of the determination of the Board, in writing, within 30 days following the determination of the Foundation Board. All determinations of the Foundation Board will be final.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

6/12/88
Date

Anthony C. Allright MD
Medical Director

6/13/88
Date

EMS FOUNDATION, INC
POLICY STATEMENT

EQUIPMENT POLICY

SUBMITTED: 03/14/88
APPROVED: 06/13/88

STATEMENT: To assure quality and dependable equipment, the following policy will be followed.

POLICY: All equipment carried on Three Rivers Ambulance Authority ambulances will be name brand equipment in those cases which require uniformity. All new equipment or replacement equipment of a different brand than what is presently carried will be submitted to the Three Rivers Ambulance Authority Executive Director and the EMS Foundation Board of Directors for approval prior to any agreements to purchase. In cases which require bids to be compiled by sellers, approval must be obtained from the TRAA Executive Director and the Foundation Board prior to requesting bids.

PROCEDURE:

- A. If equipment is replacement equipment of same brand:
 1. Prepare written proposal for equipment purchase;
 2. Submit proposal to TRAA Executive Director for approval;
 3. If approved, accept bids or purchase equipment as appropriate.
- B. If equipment is new or replacement of existing equipment with a different brand:
 1. Prepare written proposal for equipment purchase;
 2. Submit written proposal to TRAA Executive Director and EMS Foundation Board for approval;
 3. If approved, accept bids or purchase equipment as appropriate.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date
6/13/88

EMS FOUNDATION, INC
POLICY STATEMENT

GENERAL LEAVE OF ABSENCE

SUBMITTED: 03/14/88

APPROVED: 06/13/88

- STATEMENT: To assure consistency in actions in the event of a leave of absence for other than non-medical reasons, the following policy will be utilized. The policy will insure consistency of actions when semi-annual skills or monthly inservices are delinquent.
- POLICY: Prior to or upon returning from any non-medical leave of absence, the paramedic must complete any and all delinquent semi-annual skills and or monthly inservice requirements prior to being allowed to return to active street duty. The actual skill requirements will be those which were effective for the position the paramedic held at the time the leave of absence was initiated. If the paramedic returns and transfers to a different position (i.e. part time returning as full time etc.) the paramedic must demonstrate the appropriate skills through testing as required for first time certification under the new position in addition to the semi-annual skill requirement for the new position. The paramedic may request a waiver of these requirements by submitting a written request to the system Medical Director which includes a description of the reasons for which the waiver is requested.
- PROCEDURE: Upon returning from a non-medical leave of absence, the paramedic will follow the appropriate procedure prior to being allowed to return to active field duty.
- A. When returning to same position with no delinquent semi-annual skills or monthly inservice requirements:
 - 1. Present evidence of compliance to semi-annual skill requirements to system Medical Director prior to returning to active field service.
 - B. When returning to a different position with no delinquent semi-annual skills or monthly inservice requirements:
 - 1. Present evidence of compliance with previous position's semi-annual skill requirements and monthly inservice requirements.
 - 2. Demonstrate through testing, all skills and knowledge requirements for the new position as outlined under the certification requirements

for that position.

3. Present written evidence of successful completion of all requirements to the system Medical Director prior to assuming active field duty of the new position.
 4. A waiver of any requirement may be requested of the system Medical Director by submitting a written request to the system Medical Director including a detailed description of why the waiver is requested. The paramedic may not assume active field duty until the request for waiver has been acted upon by the system Medical Director.
- C. When returning to the same position with delinquent semi-annual skills or monthly inservice requirements:
1. Complete all delinquent semi-annual skills and/or monthly inservice requirements
 2. Upon completion, present written evidence of compliance to system Medical Director prior to returning to active field service.
 3. A waiver of any requirement may be requested of the system Medical Director by submitting a written request to the system Medical Director including a detailed description of why the waiver is requested. The paramedic may not assume active field duty until the request for waiver has been acted upon by the system Medical Director.
- D. When returning to a new position with delinquent semi-annual skills and/or monthly inservice requirements from the previous position:
1. Complete all delinquent semi-annual skills and/or monthly inservice requirements as required for previous position.
 2. Present written evidence of compliance with requirements for old position to system Medical Director.
 3. Demonstrate through testing, all skills and knowledge requirements for the new position as outlined under the certification requirements for that position.
 4. Present written evidence of successful completion of all requirements to the system Medical Director prior to assuming active field

duty of the new position.

5. A waiver of any requirement may be requested of the system Medical Director by submitting a written request to the system Medical Director including a detailed description of why the waiver is requested. The paramedic may not assume active field duty until the request for waiver has been acted upon by the system Medical Director.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

Anthony C. Whifflet MD
Medical Director

6/13/88
Date

EMS FOUNDATION, INC
POLICY STATEMENT

MEDICATION ADDITION, CHANGE, DELETION POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To avoid confusion in the transfer of information and to insure an orderly and consistent method for additions, changes and deletions of medications carried on board Three Rivers Ambulance Authority ambulances, a specific policy and procedure for such additions, changes and deletions will be followed.

POLICY: All suggested additions, changes or deletions to, or of, system medications will be submitted to the Foundation Medical Director/Assistant. It will be the responsibility of the Medical Director/Assistant to inform to the system Medical Director, the chairman of the EMS Foundation, the chairman of the Standards Committee, the Executive Director of the Authority, the Clinical Coordinators and all others as determined by the system Medical Director.

All requests for addition of a particular medication will be accompanied by a written protocol governing the use of said medication. Such written protocol may be exempted at the discretion of the system Medical Director.

The system Medical Director will determine the appropriate governing committee or agency and upon his/her approval, will submit the request to that committee or agency for approval.

Once action has been taken on the request, the system Medical Director or his/her assistant will notify all appropriate parties of the action in writing.

Upon local approval, approval will be requested of the Indiana EMS Commission as outlined in the Commission's Rules and Regulations. It will be the responsibility of the system Medical Director/Assistant to obtain such approval.

Once approved, a copy of the updated medication listing will be distributed to all Foundation Members, the Executive Director of the Authority, the Operations Contractor, the Clinical Coordinators and the Medical Director of each hospital.

PROCEDURE:

A Present written proposal for addition, change or

- deletion to the system Medical Director/Assistant;
- B. The Medical Director/Assistant will distribute all information to the system Medical Director and all other pertinent parties;
- C. System Medical Director will either act on request as appropriate or present to the appropriate committee or agency for approval;
- D. System Medical Director, through his/her Assistant, will notify all pertinent parties as to the action taken;
- E. System Medical Director, through his/her Assistant will provide copies of approved additions, changes or deletions to all pertinent parties,
- F. The Foundation or its authorized representative will retain the original copy.

REVIEWED AND APPROVED:

Albert V. Emilius M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

William C. Wright MD
Medical Director

6/13/88
Date

EMS FOUNDATION, INC
POLICY STATEMENT

PROTOCOL/STANDING ORDER ADDITION, CHANGE, DELETION POLICY

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To avoid confusion in the transfer of information and to insure an orderly and consistent method for additions, changes and deletions of system protocols and standing orders, a specific policy and procedure for such additions, changes and deletions will be followed.

POLICY: All suggested additions, changes or deletions to, or of, system standing orders or protocols will be submitted to the Foundation Medical Director/Assistant. It will be the responsibility of the Medical Director/Assistant to inform the system Medical Director, the chairman of the EMS Foundation, the chairman of the Standards Committee, the Executive Director of the Authority, the Clinical Coordinators and all others as determined by the system Medical Director. All additions, changes or deletions will be submitted in writing and in a format similar to this policy for consistency.

The system Medical Director will determine the appropriate governing committee or agency and upon his/her approval, will submit the request to that committee or agency for approval.

Once action has been taken on the request, the system Medical Director or his/her assistant will notify all appropriate parties of the action in writing.

Once approved, a copy of the signed protocol or standing order will be distributed to all Foundation Members, the Executive Director of the Authority, the Operations Contractor, the Clinical Coordinators and the Medical Director of each hospital. The original signed copy will be retained by the Foundation or its authorized representative.

PROCEDURE:

- A. Present written proposal for addition, change or deletion to the system Medical Director/Assistant;
- B. The Medical Director/Assistant will distribute all information to the system Medical Director and all other pertinent parties;
- C. System Medical Director will either act on request

as appropriate or present to the appropriate committee or agency for approval;

- D. System Medical Director, through his/her Assistant, will notify all pertinent parties as to the action taken;
- E. System Medical Director, through his/her Assistant will provide signed copies of approved additions, changes or deletions to all pertinent parties,
- F. The Foundation or its authorized representative will retain the original signed copy.

REVIEWED AND APPROVED:

Albert V. Emiliani M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

Anthony C. Whiffart MD
Medical Director

6/13/88
Date

EMS FOUNDATION, INC.
POLICY STATEMENT

Revocation or Suspension of
Local Certification, License or Permit

SUBMITTED: 04/25/88
APPROVED: 06/13/88

STATEMENT:

The Medical Director, subject to approval by the EMS Foundation Board, is authorized to revoke or suspend any certification, license, or permit issued under the provisions of the Uniform Ambulance Ordinance, for failure of any driver, attendant, Paramedic, System Status Manager, ambulance, fixed wing air ambulance or helicopter rescue unit to maintain the basic qualifications for issuance of such license, certification or permit, or for otherwise constituting a danger to the safety and health of patients.

POLICY:

Prior to revocation or suspension of any local certification or license, a medical audit will be conducted, as necessary, by the System Medical Director or his designate.

If the audit results in a recommendation that the local certification, license or permit of any driver, attendant, Paramedic, System Status Manager, ambulance, fixed wing air ambulance or helicopter rescue unit be suspended or revoked, the System Medical Director will submit a report containing the recommendations, to the EMS Foundation Board for review.

The Foundation will notify the affected person(s) of the audit results and invite the affected person(s) to provide any information, in writing or personally, for the Foundations consideration.

If the EMS Foundation Board recommends revocation or suspension, a report will be forwarded to the System Medical Director

The Medical Director will provide a hearing to any person certified under the Ordinance, or any ambulance, fixed wing ambulance, or helicopter rescue unit owner or operator, at which time the reasons for revocation or suspension will be explained. Following said hearing, the person, owner or operator will be notified in writing of such suspension or revocation.

If the System Medical Director determines that the risk of harm to the public is substantial, the certification, license or permit may be suspended without first providing a hearing. However, a hearing will be scheduled to convene within seven days

excluding weekends and normally recognized holidays, of the suspension to consider revocation of the certificate. The System Medical Director may require a physical or mental examination be conducted prior to the hearing.

In lieu of suspension or revocation, the System Medical Director may return the non-probationary certificate holder to probationary status, reduce the level of certification, or otherwise restrict the participation of the individual as necessary to protect the public health and safety.

PROCEDURE:

- A. SUSPENSION OR REVOCATION BY SYSTEM MEDICAL DIRECTOR:
 1. A medical audit will be initiated by interested party.
 2. The Medical Director Assistant will conduct a full investigation of background circumstances and report findings to System Medical Director.
 3. The System Medical Director will review background investigation to determine if suspension or revocation of local certification or license is recommended.
 4. If suspension is deemed appropriate, the System Medical Director will notify the chairman of the Foundation Board of the recommendation, and the circumstances relating to the recommendation.
 5. The EMS Foundation or their designate, will notify the affected person(s) of the of the audit results and the date the recommendation will be reviewed by written notice, using a certified, return receipt requested letter, deposited in U.S. Mail.
 6. The person(s) affected will be allowed to present, in person or in writing, any information pertinent to the circumstances or recommendation.
 7. If the recommendation is approved, the Foundation chairman will forward a copy of the report to the System Medical Director.
 8. The System Medical Director will provide a hearing to explain to the person(s) affected

the decision of the Foundation.

9. The System Medical Director will follow the hearing with a written explanation of the decision of the Foundation Board to the person(s) affected, using a certified, return receipt requested letter, deposited in U.S. Mail.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

Anthony C. Allwright MD
Medical Director

6/13/88
Date

EMS FOUNDATION, INC
POLICY STATEMENT

EMS FOUNDATION BOARD OF DIRECTORS MEMBERSHIP

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To assure consistency in membership in the EMS Foundation Board of Directors, the following policy will be followed.

POLICY: As described in the Amendment and Reinstatement of the By-Laws of the Emergency Medical Services Foundation, Inc., the EMS Foundation Board of Directors will consist of 8 members. Membership of the Foundation Board of Directors will be as follows:

- 7 Physician representatives in good standing with the Allen County Medical Society. It is recommended that three physician representatives be representatives of the Sponsoring Hospitals emergency physicians (1 physician from each hospital).
- 1 Executive Vice President of the Allen County Medical Society, who will remain an ex-officio member of the Board with voting powers. The tenure of this Board member will coincide with his or her term as such Executive Vice President.

The term of each physician member on the Board will be three years. Terms will be staggered such that the entire membership will not expire in any one year.

REVIEWED AND APPROVED:

Albert V. Esposito, M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

Anthony C. Whiffet
Medical Director

6/13/88
Date

EMS FOUNDATION, INC
POLICY STATEMENT

FOUNDATION BOARD MEETING FORMAT

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To maintain uniformity in meetings and to assure that meetings are conducted in an expedient manner, the following policy will apply.

POLICY: The EMS, Inc. Foundation Board will conduct regularly scheduled meetings on a bi-monthly basis beginning in January of each year. These will be the regularly scheduled business meetings for the Foundation Board, however, the Foundation Chairman may call special meetings of the Foundation Board as deemed necessary.

Prior to any regularly scheduled meeting, the Foundation Chairman will prepare an agenda for the meeting and assure minutes of the previous meeting have been properly prepared. The agenda and prior meeting minutes will be mailed with meeting notices to all Foundation Board members. Notices, agendas and meeting notices will be mailed not less than two (2) weeks prior to any regularly scheduled meeting.

Regularly scheduled Board meetings will be open to the public, however, unless given prior approval by the Board or Board Chairman, the viewing public will not be called upon to speak. Copies of the agenda and minutes will not be mailed to the general public unless approved by the Board.

Special meetings may be called by the Board Chairman at his/her discretion. Notices and a copy of the agenda will be mailed to all Board members not less than five (5) days preceding any called meeting. Minutes of the previous regularly scheduled meeting will not be mailed unless specifically requested by the Board or Board Chairman. Minutes of the previous regular Board meeting and the called meeting will be reviewed at the next regularly scheduled meeting.

Special called meetings may be considered as open or closed meetings at the discretion of the Board or Board Chairman. For closed meetings, interested parties may attend at the invitation of the Board only.

As agreed by the Board, the Annual Meeting of the Foundation Board will be conducted in December of each year unless changed by a vote of the Board. Notices of the Annual Meeting will be mailed to the members of the Board in good standing not less than five (5) days

prior to the meeting.

Minutes of all Board activities will be recorded and made available to Board members only. Minutes may be distributed to the general public at the Board's discretion. All minutes will be retained for not less than seven (7) years after which time they may be destroyed at the Board's leisure.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.
Chairman, EMS Foundation Inc.

6/13/88
Date

Anthony C. W. [Signature]
Medical Director

6/13/88
Date

EMS FOUNDATION, INC
POLICY STATEMENT

MEDICAL DIRECTOR JOB DESCRIPTION

SUBMITTED: 03/14/88

APPROVED: 06/13/88

STATEMENT: To assure competent and quality medical direction for the Three Rivers Ambulance Authority Cooperative, the following policy will apply.

POLICY: The Medical Director of the Three Rivers Ambulance Authority Cooperative must be a physician, licensed to practice medicine in the State of Indiana. It is highly recommended that the Medical Director will be actively involved in the delivery of emergency medicine, or at minimum, have an extensive history in emergency medicine.

The Medical Director will be contractually hired by the EMS Foundation Board and will report directly to the Board. The term of the medical director will be two years unless changed by action of the Board.

The Medical Director will be responsible for directly overseeing the ambulance system from a medical perspective. Duties of the Medical Director will be as follows:

1. Provide the EMS Foundation Board of Directors recommendations concerning the following elements of the ambulance service system:
 - A. Criteria for the issuance, renewal, suspension and revocation of permits and certifications;
 - B. Production standards related directly or indirectly to clinical performance and patient care;
 - C. Diagnosis specific and problem oriented protocols medical protocols to serve as the required standard of pre-hospital emergency care;
 - D. Procedures governing the relative provision of 24-hour medical control;
 - E. Procedures and protocols for the operation of the EMS Control Center;
 - F. Procedures for the provision of medical control over the delivery of advanced life support procedures by ambulance personnel;

- G. Standards for the medical control communications system;
 - H. Elements of disaster plan designed to provide prompt medical care and rescue of persons in disaster situations;
 - I. Standards, rules and regulations governing Volunteer Providers as defined in the uniform ambulance ordinance;
 - J. Advanced procedures to be performed by in the pre-hospital setting;
 - K. Equipment to be utilized in the pre-hospital setting;
- 2. Conduct medical audits as needed on all runs in which there is any question of appropriateness of treatment, transportation method or destination, skill deterioration, or any other problem as determined by the patient or interested party on the patient's behalf as deemed necessary by the Medical Director;
 - 3. Conduct medical audits as determined necessary in all cases where suspension or revocation of a local license or permit is in question;
 - 4. Conduct dispatch audits to determine appropriateness in following dispatch procedures and guidelines as determined by the Medical Director and the EMS Foundation Board;
 - 5. Determine compliance with all conditions set forth for any local license, certification or permit issued by the EMS Foundation Board;
 - 6. Conduct hearings as required in cases of recommended suspensions or revocations of any local license, certification or permit issued by the EMS Foundation Board.

REVIEWED AND APPROVED:

Albert V. Emilian M.D.

Chairman, EMS Foundation Inc.

6/12/88

Date

Anthony C. Allright MD

Medical Director

6/13/88

Date

SECTION VII - BYLAWS

1/89

AMENDMENT AND RESTATEMENT OF THE BY-LAWS
OF EMERGENCY MEDICAL SERVICES FOUNDATION, INC.

ARTICLE I.

Name and Address

Section 1. The name of the Corporation shall be "Emergency Medical Services Foundation, Inc." (hereinafter referred to as the "Foundation").

Section 2. The post office address of the Foundation is 2214 E. State Blvd., Suite 303, Fort Wayne, Indiana 46805.

ARTICLE II.

Purposes

The purposes and powers of the Foundation and the limitations thereon shall be those expressed in Article II of the Amended Articles of Incorporation of the Foundation.

ARTICLE III.

Membership

Section 1. Membership. Membership in the Foundation shall be composed of and controlled by licensed physicians who are engaged in the practice of medicine in the State of Indiana, except that the Executive Vice President of the Fort Wayne Medical Society, Inc. shall be a member of the Foundation and its Board of Directors, even though that individual may not be otherwise eligible for such membership.

Section 2. Members.

(a) With the exception noted in the preceding section, to be eligible for election to membership, an individual must be actively engaged in the practice of medicine in the State of Indiana and be a member in good standing of their County Medical Society.

(b) Nominations for membership shall be made to the Board of Directors and shall be in writing and bear the endorsement of their County Medical Society.

(c) Each member shall be entitled to one vote at any meeting of the membership and shall have all of the privileges of membership.

(d) Membership shall be continuous until terminated by resignation, death, or by disqualification through ceasing to be actively engaged in the practice of medicine in the State of Indiana, or by no longer being a licensed physician, or by ceasing to be a member in good standing of their County Medical Society, or by action of the Board of Directors.

(e) Membership is not assignable.

Section 3. Termination for Cause. Anything to the contrary notwithstanding, the membership of any individual may be terminated for cause by the affirmative vote of at least three-fourths of the members of the Board of Directors at any meeting of the Board.

Section 4. Membership Meetings.

(a) The annual meeting of the membership shall be held on the second Wednesday of December in each year, for the purposes of receiving the "Annual Directors' Report" and for the transaction of such other business as may come before the meeting. If the day fixed for the annual meeting shall be a legal holiday, such meeting shall be held on the next succeeding business day. The Board of Directors of the Foundation shall review with the membership the financial condition of the Foundation, the performance of the Foundation during the preceding year, and such other information as will allow the membership to gain full knowledge of the actions of the Foundation during the year. Further, at the annual meeting, the Directors for the ensuing year shall be elected and such other business transacted as the members shall determine.

(b) Special meetings of the membership for any purpose, unless otherwise prescribed by statute, may be called by a majority of the Board of Directors or by the Chairman of the Foundation.

(c) One-fifth or more of the members shall constitute a quorum for the transaction of all business.

(d) The Board of Directors may designate any place within the State of Indiana as the place of meeting for the annual meeting or for any special meeting called by the Board of Directors or the Chairman. If no designation is made, or if a special meeting be otherwise called, the place of the meeting shall be the principal office of the Foundation. Notice of any meeting of the members may be waived in writing by any member if the waiver sets forth in reasonable detail the purpose or purposes for which the meeting is called and the time and the place thereof. Attendance at any meeting in person, or by proxy, when the instrument of proxy sets forth in reasonable detail the purpose or purposes for which the meeting is called, shall consti-

tute a waiver of notice of such meeting. Each member who has, in the manner provided above, waived notice of a member's meeting, or who personally attends a member's meeting or is represented thereat by a proxy authorized to appear by an instrument of proxy complying with the requirements set forth above, shall be conclusively presumed to have been given due notice of such meeting. When all members shall meet in person, such meeting shall be valid for all purposes and at such meeting any corporate action may be taken.

(e) Any action required or permitted to be taken at any meeting of members may be taken without a meeting, if prior to such action a consent in writing setting forth the action to be taken is signed by all members entitled to vote and such written consent is filed with the minutes of the proceedings of the members.

ARTICLE IV.

Board of Directors

Section 1. General Powers. The business and affairs of the Foundation shall be managed by its Board of Directors. The Board of Directors shall be composed of eight members consisting of seven member-physicians and one member-Executive Vice President of the Fort Wayne Medical Society, Inc., who shall be an ex-officio member of the Board with voting powers. The tenure of the Director who is the Executive Vice President of the Fort Wayne Medical Society, Inc., shall coincide with his or her term as such Executive Vice President.

Section 2. Tenure. With the exception of said Executive Vice President of the Fort Wayne Medical Society, Inc., the term of office of the Directors shall be for three years. Three Directors shall be elected each year at the annual meeting of the members; provided, that the initial Board of Directors shall draw for terms so that the terms are staggered.

Section 3. Nominating Committee. The Nominating Committee shall meet and nominate members to the Board of Directors for the ensuing three year term and submit its report to the members at the annual meeting. Nominations for the Board of Directors may also be made from the floor and, in the event of such additional nominations, the election shall be by written ballot; however, if there are no nominations from the floor, then the Committee's nominees shall be deemed elected. Directors may be elected to successive terms. The Nominating Committee shall be appointed by the Chairman and ratified by the Board.

Section 4. Regular Meetings. A regular meeting of the Board of Directors shall be held at the place of and immediately following the annual meeting of the members. Other regular meetings may be held at the principal office of the Foundation or at any other place within Allen County, Indiana, reasonably con-

venient for Directors to attend at such time and places as the Board of Directors may fix from time to time.

Section 5. Special Meetings. Special meetings of the Board of Directors shall be held at the principal office of the Foundation or at any other place within Allen County, Indiana, reasonably convenient for the Directors to attend whenever called by the Chairman or the Secretary of the Foundation, or by any three of the members of the Board. At least 48 hours' notice of such meeting specifying the time, place, and purpose thereof, shall be given to each Director either personally, by written notice deposited in the United States Mail, postage pre-paid in an envelope addressed to such Director, or by telephone or by telegram. Notice of the time, place, and purpose of the holding of any such special meeting may be waived in writing by any Director if the waiver sets forth in reasonable detail the purpose or purposes for which the meeting is called and the time and place thereof. Attendance at any meeting in person by any Director shall constitute a waiver of notice of such meeting. Whenever all of the Directors shall meet, such meeting shall be valid for all purposes and at such meeting any corporate action may be taken.

Section 6. Quorum and Voting. A majority of the actual number of Directors elected and qualified from time to time shall be necessary to constitute a quorum for the transaction of any business (except the filling of vacancies, in which case a quorum shall of a majority of the remaining Directors) or a Director may select a designee to act in said Director's absence at no more than two meetings per year, and the act of a majority of the Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a great number is required by the Indiana Not-For-Profit Corporation Act of 1971, the Amended Articles of Incorporation or other provisions of the By-Laws.

Section 7. Compensation. No part of the net earnings of the Foundation shall enure to the benefit of any member, Director, or Officer of the Foundation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the Foundation affecting one or more of its purposes), and no member, Director or Officer of the Foundation or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the Foundation.

Section 8. Vacancies. Any Director may resign his office at any time by delivering his resignation in writing to the Foundation, and the acceptance of such resignation, unless required by the terms thereof, shall not be necessary to make such resignation effective. Any vacancy occurring in the Board of Directors caused by resignation, death, or other incapacity, or increase in the number of Directors, shall be filled by a majority vote of the remaining members of the Board until the next annual meeting of the members or, in the discretion of the Board, such vacancy may be filled by the vote of the members at a special meeting called for that purpose.

Section 9. Directors' or Committee Action by Consent in Lieu of Meeting. Any action required or permitted to be taken at any meeting of the Board of Directors or any committee thereof may be taken without a meeting if prior to such action a written consent to such action is signed by all of the members of the Board of Directors or of such committee and such written consent is filed with the minutes of the proceedings of the Board of Directors or committee.

Section 10. Termination. Any Director who shall fail to attend three consecutive regular meetings of the Board without adequate cause shall automatically cease to be a Director, and the vacancy on the Board so caused shall be filled by the Directors as provided hereinabove. Sickness or other disability or absence from the City of Fort Wayne on the date of the Board meeting shall be deemed adequate cause.

Section 11. Special Committees. The Board of Directors may, from time to time, appoint special committees from among the members of the Foundation, and employ professional assistance as it deems proper and practical. The Board of Directors shall appoint a "Medical Audit Committee", and select four members of the Board of Directors to serve on the "Physician Advisory Board".

ARTICLE V.

Officers

Section 1. Officers. The officers of the Foundation shall consist of a Chairman, one or more Vice-Chairmen (the number thereof to be determined by the Board of Directors), and a Secretary/Treasurer, all of whom shall be elected by the Board of Directors of the Foundation at the first meeting thereof immediately following the annual meeting of the members; and they shall hold office, subject to the removal as provided by law, until their successors are elected and qualified. One person may hold more than one office, except that the offices of the Chairman and Secretary/Treasurer shall not be held by the same person. The officers shall be chosen from among the Directors of the Foundation.

Section 2. Removal. Any officer of the Foundation may be removed by the Board of Directors whenever the Board of Directors in its judgment believes that the best interests of the Foundation be served by such removal.

Section 3. Compensation. Officers shall not be entitled to compensation for their services.

Section 4. Duties.

(a) Chairman. The Chairman shall be the chief executive officer of the Foundation and shall have the powers and perform the duties usually incident to that office. He shall preside at

all meetings of the members and of the Board of Directors. He shall submit to the Board of Directors, at least ten (10) days prior to the annual meeting of the members, an annual report of the operations of the Foundation during the preceding fiscal year, complete detailed statements of all income and expenditures and a balance sheet showing the financial condition of the Foundation at the close of the fiscal year. The Chairman is authorized to sign, on behalf of the Foundation, contracts and other instruments in writing. The Secretary shall thereupon attest any such document requiring such attestation under the Corporate Seal of the Foundation.

(b) Vice-Chairman. In the absence or inability of the Chairman to act, his duties shall be performed and his powers may be exercised by the Vice-Chairman. The Vice Chairman shall perform such other duties as shall be delegated to him by the Board of Directors.

(c) Secretary. The Secretary shall keep or cause to be kept a full, true and complete record of all of the meetings of the members and of the Board of Directors and shall have charge of the minute book of the Foundation and all its other books and documents (except the books of account). He shall have custody of the Corporate Seal, and he shall affix the same to and countersign papers requiring such acts, but only upon order of the Board of Directors or the Chairman, and shall perform such other duties as may be required by the Board of Directors or the Chairman.

(d) Treasurer. The Treasurer shall have custody of the funds and other personal property of the Foundation and shall keep, or cause to be kept, correct and accurate books of account and shall also deposit, or see to the deposit or see to the deposit of, the funds of the Foundation in a depository to be approved by the Board of Directors. He shall keep full and accurate accounts of all assets, liabilities, commitments, receipts, disbursements and other financial transactions of the Foundation in books belonging to the Foundation; shall (if directed by the Board of Directors) cause regular audits of such books and records to be made; shall see that all expenditures are made in accordance with the procedures duly established, from time to time, by the Foundation; shall render financial statements at all regular meetings of the Board of Directors, and a full financial report at the annual meeting of the members, if called upon to do so; and, shall perform such other duties as may, from time to time, be delegated to him by the Board of Directors or the Chairman.

(e) Assistant Secretaries. An assistant Secretary shall assist the Secretary of the Foundation and shall perform such other duties as are delegated to him by the Board of Directors.

(f) Assistant Treasurers. An assistant Treasurer shall assist the Treasurer of the Foundation and shall perform such other duties as are delegated to him by the Board of Directors.

ARTICLE VI.

Committees of the Board of Directors

Section 1. Executive Committee. the Board of Directors may, by resolution passed by a majority of the actual number of Directors elected and qualified, designate and elect an Executive Committee to consist of the Chairman and the other officers of the Foundation. The Committee shall, to the extent provided in these By-Laws (except as may be further limited by said resolution), have and exercise in the interim between meetings of the Board all of the powers of the Board in accordance with the general policy of the Board. The Executive Committee shall not have authority to:

(a) Amend the Articles of Incorporation;

(b) Adopt an agreement or plan of merger or consolidation;

(c) Propose the sale, lease, exchange, mortgage, pledge or other disposition of all or substantially all of the Foundation's fixed assets for the purpose of terminating and winding up, or changing the nature of, its business;

(d) Recommend to members a voluntary dissolution of the Foundation or a revocation thereof;

(e) Amend these By-Laws.

The designation of such executive committee and delegation thereto of authority shall not operate to relieve the Board of Directors or any member thereof of any responsibility imposed upon it or him by law.

Section 2. Other Committees. Other committees of the Board of Directors may be designated by resolution passed by a majority of the whole Board, which shall define the membership and fix the duties of such committee.

Section 3. Procedures of Executive and Other Committees. The functions of the Committee may be performed by meeting of the Committee held in the regular way or by a majority of the members thereof who, being in communication with each other either by letter, telegram or telephone, may decide any matters coming within the scope of the Committee's power. The Committee shall keep due record of all meetings and actions of the Committee and such records shall at all times be open to inspection of any Director and from time to time shall be filed with the Board of Directors at the meetings thereof. Such records and all actions

of the Committee recorded therein shall be subject to the supervision and ratification of the Board. Meetings of the Committee may be called at any time by the Chairman of any members of the Committee, by giving in advance to each member 24 hours' notice of the time and place of such meeting. A majority of the members of the Committee shall constitute a quorum at such meeting for the transaction of business. Members of the Committee, as such, shall receive not stated salary for their services. No member of the Committee shall continue to be a member thereof after he ceases to be a Director of the Foundation.

ARTICLE VII.

Indemnification

Section 1. Scope of Indemnification. Every person who is or was at any time a director or officer of the Foundation or who at the request of the Foundation renders or has rendered service for another entity, shall in accordance with Section 2 of this Article be indemnified by the Foundation against any and all liability (including without limitation all amounts paid by way of settlement of any asserted liability) and expenses that may be incurred by him in connection with or resulting from any claim, action, suit or other proceeding, actual or threatened, whether brought by or in the right of the Foundation or other entity or otherwise, civil, criminal, administrative or investigative, including any appeal relating thereto, in which he may become involved as a party or otherwise by reason of his being or having been a director or officer of the Foundation or by reason of any action taken or not taken in his capacity as such director or officer or by reason of his rendering or having rendered services to another entity, whether or not he continues to be such or to serve as such at the time such liability or expense is incurred and whether or not such liability or expense is based on matters which antedate the adoption of this Article, upon the condition that such person has met the following applicable requirements:

(a) either:

(1) in the case of a claim, action, suit or other proceeding brought by or in the right of the Foundation to procure a judgment in its favor, such person has not been adjudged to be liable for bad faith, negligence or misconduct in the performance of his duty to the Foundation; provided, however, that a person who shall have been adjudged to be liable for negligence or misconduct, but not for bad faith, in the performance of his duty to the Foundation shall be entitled to indemnification to the extent that the court in which such claim was brought shall determine, upon application, that despite such adjudication, but in view of all circumstances of the case, such person is fairly and reasonably entitled to indemnity; or

(2) in the case of a claim, action, suit or other proceeding not covered by clause (1), such person has not been adjudged to have acted in bad faith or for a purpose which he did not reasonably believe to be in the best interests of the Foundation or other entity, as the case may be; and in addition in the case of any criminal action or proceeding he had no reasonable cause to believe that his conduct was unlawful;

and (b) in the case of an amount paid in settlement, such settlement is or was reasonable and in the best interests of the Foundation or other entity.

The termination of any claim, action, suit or other proceeding by judgment, order, settlement (whether with or without court approval), conviction or upon a plea of guilty or of nolo contendere or its equivalent shall not, of itself, create a presumption that such person did not meet the applicable requirements set forth in this Section. Indemnification pursuant to this Article shall, however:

(i) not include any amount payable by such person to the Foundation in satisfaction of any judgment or settlement, and

(ii) be reduced by the amount of any other indemnification or reimbursement of such person in respect of the liability and expense with respect to which indemnification is claimed under this Article.

Section 2. Entitlement to Indemnification. Every person referred to in Section 1 of this Article who has been wholly successful, on the merits or otherwise, with respect to any claim, action, suit or other proceeding of a type described in said Section 1 shall be entitled to indemnification as provided in said Section 1 as a matter of right. Except as provided in the preceding sentence, any indemnification under Section 1 shall be made only if:

(a) indemnification is ordered by a court; or

(b) independent legal counsel or another person or body, selected (i) by a majority vote of the members of the Board of Directors of the Foundation who were not parties to such claim, action, suit or other proceeding or (ii) if such a quorum is not obtainable then by a majority vote of the shareholders of the Foundation (excluding the votes of any shareholder seeking indemnification), shall deliver to the Foundation their written advice, that, in their opinion, such person has met the applicable requirements of Section 1, or

(c) a majority of the members of the Foundation (excluding the votes of any member seeking indemnification) shall find that such person has met such requirements.

Section 3. Advancement of Expenses and Settlement Amounts. Expenses incurred and amounts paid in settlement with respect to any claim, action, suit or other proceeding of a type described in Section 1 of this Article may be advanced by the Foundation prior to the final disposition thereof upon receipt by it of an undertaking, satisfactory to the Board of Directors, by or on behalf of the recipient to repay such amount except to the extent that it shall ultimately be determined that he is entitled to indemnification under this Article.

Section 4. Rights Not Exclusive. The rights of indemnification provided in this Article shall be in addition to any rights to which any person referred to in Section 1 of this Article may otherwise be entitled but this section shall not alter the applicability of clause (ii) of said Section 1.

Section 5. Miscellaneous.

(a) The words "other entity" and "another entity" include any other corporation, partnership, joint venture, trust or other organization.

(b) The words "services for another entity" mean serving as, or action taken or not taken in the capacity of, a director, officer, employee or agent of another entity.

(c) The word "liability" includes, but shall not be limited to, judgments, fines and penalties.

(d) The word "expenses" includes, but shall not be limited to, court costs, attorney's fees and other expenses reasonably incurred in the defense of any claim, action, suit or other proceeding, either actual or threatened.

(e) The rights of indemnification herein provided shall be severable, shall continue as to a person who has ceased to serve in any capacity referred to in Section 1 of this Article and shall inure to the benefit of the heirs, executors, administrators and other legal representatives of such person.

(f) The provisions of this indemnification shall be deemed to be a contract between the Foundation and each person who serves in any capacity referred to in Section 1 at any time while such indemnification is in effect.

(g) The Board of Directors shall have power on behalf of the Foundation to grant indemnification to any person who serves in any capacity other than as referred to in Section 1 to such extent as the Board in its discretion may from time to time determine to be in the best interests of the Foundation.

(h) Subject to the limitations above imposed in this Article, it is intended by this Article to grant indemnification

to the full extent permissible under the law. It is not intended, however, that the provisions of this indemnification shall be applicable to, and this Article is not to be construed as granting indemnity with respect to, matters as to which indemnification would be in contravention of the laws of the State of Indiana or the United States of America whether as a matter of public policy or pursuant to any statutory provision.

ARTICLE VIII.

Seal

The corporate seal of the Foundation shall have inscribed thereon the name of the Foundation around the circumference thereof and the word "Seal" in the center thereof. The seal can be used by causing it or a facsimile thereof to be impressed, affixed, reproduced or otherwise.

ARTICLE IX.

The fiscal year of the Foundation shall begin on the first day of January and end on the last day of December each year.

ARTICLE X.

Amendment

These By-Laws may be amended by the Board of Directors, by the affirmative votes of a majority of the whole Board, at any regular or special meeting notice of which contains the proposed amendment or a digest thereof, or at any meeting, regular or special, at which all Directors are present.

I, Albert Emilian, M.D., a Chairman of the Board of Directors of the Emergency Medical Services Foundation, Inc., do hereby certify that the foregoing is a true and correct copy of the Amendment and Restatement of the By-Laws of Emergency Medical Services Foundation, Inc., adopted by the Board of Directors of said Foundation at a meeting duly held on January 23, 1989, at which meeting a quorum of said Directors was present.

DATE: January 23, 1989

Albert Emilian, M.D.
Chairman, As Aforesaid

BILL NO. S-86-03-19 (AS AMENDED)

SPECIAL ORDINANCE NO. S-51-86

AN ORDINANCE amending the Three Rivers
Emergency Medical Services Interlocal
Cooperative Agreement

WHEREAS, the City of Fort Wayne and Allen County, Indiana are parties to the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement ("Agreement") pursuant to the Interlocal Cooperation Agreement noted as Document Number 81-014260 as recorded in the records of the Allen County Recorder's Office, Allen County, Indiana;

WHEREAS, such Agreement has previously been approved by the Common Council of the City of Fort Wayne and the Board of Commissioners of Allen County, Indiana;

WHEREAS, an amendment to the Agreement is desirous to provide additional services to the public.

NOW, THEREFORE BE IT ORDAINED BY the Common Council of the City of Fort Wayne as follows:

SECTION 1: The Three Rivers Emergency Medical Services Interlocal Cooperative Agreement, at Article 9 (a) thereof, is hereby amended by adding thereto the following language: "The Three Rivers Ambulance Authority shall have the power to engage in wheelchair and ambulatory transportation; providing that such power shall, in years after 1986, only be exercised in years in which the Three Rivers Ambulance Authority does not receive a subsidy from the City of Fort Wayne.

SECTION 2: This Ordinance shall be in full force and effect upon passage by the Common Council and approval by the Mayor.

Ben A. Eisbart
Councilmember

Read the third time in full and on motion by Eisbart, seconded by Stier, and duly adopted, placed on its passage. PASSED by the following vote:

AYES: Eight

Bradbury, Burns, Eisbart, Henry, Redd,
Schmidt, Stier, Talarico

NAYS: None

ABSTAINED: None

ABSENT: One

GiaQuinta

DATE: 4-8-86

Sandra E. Kennedy

City Clerk

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as Special Ordinance No. S-51-86 on the 8th day of April, 1986.

ATTEST: (SEAL)

Sandra E. Kennedy Samuel J. Talarico
City Clerk Presiding Officer

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 9th day of April, 1986, at the hour of 1:00 o'clock P.M., E.S.T.

Sandra E. Kennedy
City Clerk

Approved and signed by me this 10th day of April, 1986, at the hour of 10:00 o'clock A.M., E.S.T.

Win Moses, Jr.
Mayor

RESOLUTION NO. R-59-94

A RESOLUTION AUTHORIZING THE PURCHASE OF LAND BY THE
THREE RIVERS AMBULANCE AUTHORITY AND DESIGNATING THE
THREE RIVERS AMBULANCE AUTHORITY AS THE BOARD TO
AWARD PUBLIC CONTRACTS RELATING TO A NEW FACILITY

WHEREAS, the City of Fort Wayne, Indiana (the "City") and the County of Allen, Indiana (the "County") have entered into the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement ("Interlocal Agreement"); and

WHEREAS, the City and the County have each adopted the Uniform Ambulance Ordinance; and

WHEREAS, the Three Rivers Ambulance Authority ("TRAA") established by the Interlocal Agreement, is now self-supporting; and

WHEREAS, TRAA and its operations contractor are presently leasing a City owned facility at 333 S. Clinton Street, Fort Wayne, Indiana, which facility is located in the Phase II area of Headwaters Park; and

WHEREAS, TRAA and its operations contractor need to relocate from their present facility; and

WHEREAS, the City has issued a public safety bond, a portion of the proceeds of which are to be used for a portion of a new facility for TRAA and its operations contractor; and

WHEREAS, it is desirable to designate TRAA as the agent of the City and the County for the purpose of acquiring real estate and constructing a new facility.

NOW THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE:

SECTION 1. TRAA is hereby designated as a purchasing agent under I.C. 36-1-10.5-1 et seq. for the purpose of acquiring, through private negotiations, in its own name, all or a portion of the real estate located in Fort Wayne, Allen County, Indiana, bounded on the north by Brackenridge Street, the east by Monroe Street, the south by Hayden Street, and the west by Clay Street. Pursuant to I.C. 36-1-10.5-5, this Common Council resolves that it is interested in making a purchase of said real estate.

SECTION 2. TRAA is hereby given the power to acquire, own, and lease real estate and to construct improvements thereon, all in its own name and to expend its own funds therefor and for the purposes set forth in the Interlocal Agreement and the Uniform Ambulance Ordinance, which Interlocal Agreement is amended accordingly.

SECTION 3. TRAA is hereby designated the contracting entity under I.C. 36-1-12-1 et seq. for the purpose of entering into contracts with architects, contractors, and others relating to the construction of improvements located on the real estate to be purchased pursuant to Section 1 hereof.

SECTION 4. The City is hereby authorized to enter into a twenty (20) year lease with TRAA for a portion of the improvements described herein, which lease will provide for the payment by TRAA to the City of lease payments equal to the portion of bond proceeds

provided to TRAA amortized over twenty (20) years at five percent (5%) per annum with appropriate provisions securing the City's interest in the event of the early termination of the lease or the termination of the Interlocal Agreement.

SECTION 5. This Resolution shall become effective upon its approval and adoption by the City and by the Allen County Council and the Board of Commissioners of the County of Allen.

Donald J. Schmidt

Council Member

Read the third time in full and on motion by Schmidt, and duly adopted, placed on its passage. PASSED by the following vote:

AYES: Seven

Bradbury, Edmonds, GiaQuinta, Lunsey,
Ravine, Schmidt, Talarico

NAYS: None

ABSTAINED: None

ABSENT: Two

Henry, Long

DATED: 9-27-94

Sandra E. Kennedy

City Clerk

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as Resolution No. R-59-94 on the 27th day of September, 1994.

ATTEST:

SEAL

Sandra E. Kennedy
City Clerk

Archie L. Lunsey
Presiding Officer

Presented by me to the Mayor of the City of Fort Wayne,
Indiana, on the 28th day of September, 1994, at the hour of 11:30
o'clock A.M., E.S.T.

Sandra E. Kennedy
City Clerk

Approved and signed by me this 28th day of September,
1994, at the hour of 4:25 o'clock P.M., E.S.T.

Paul Helmke
Mayor

AN ORDINANCE AMENDING CHAPTER 112: ~~EMERGENCY MEDICAL SERVICES~~ OF THE CITY OF FORT WAYNE, INDIANA, CODE OF ORDINANCES.

WHEREAS, the City of Fort Wayne, Indiana (the ~~City~~) and the County of Allen, Indiana (the ~~County~~) have entered into the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement (~~Cooperative Agreement~~); and

WHEREAS, the City and the County have each adopted the Uniform Ambulance Ordinance; and

WHEREAS, the Three Rivers Ambulance Authority (~~TRAA~~), established by the Cooperative Agreement is now self-supporting; and

WHEREAS, due to changes in the state law and the passage of time, it is desirable to amend the Cooperative Agreement and the Uniform Ambulance Ordinance.

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA;

SECTION 1. Chapter 112: ~~Emergency Medical Services~~ of the City of Fort Wayne Code of Ordinances is amended as follows:

CHAPTER 112: EMERGENCY MEDICAL SERVICES

§ 112.02 DEFINITIONS.

Definitions are amended as follows:

EMERGENCY MEDICAL TECHNICIAN (EMT). An individual certified by the Emergency Medical Services Commission to provide emergency medical care at the scene of an accident, illness, or during transport, and certified by the medical director.

FIRST RESPONDER. An individual who is trained in providing emergency

medical care and is the first individual to respond to an incident requiring emergency medical services.

PARAMEDIC. An individual who is affiliated with a certified paramedic organization, has completed a prescribed course in Advanced Life Support, and has been certified by the Emergency Medical Services Commission and by the Medical Director as knowledgeable of an competent to perform Advanced Life Support procedures and the medical protocols established by the Medical Director.

VOLUNTEER PROVIDER. Any nonprofit organization except a township which provides ambulance service for ambulance patients; provided that a majority of the manpower furnished by the volunteer provider shall not receive any salary, wages or other pay for their work for the volunteer provider, and which provides only emergency work and does not provide routine patient transfer service. A township may contract with the Three Rivers Ambulance Authority to be a volunteer provider if the township agrees to be bound by the terms of this subchapter and therefore to become part of and served by the ambulance service system established by this subchapter. The authority may not enter into any contractual relationship with any township unless such contract includes provisions effecting a complete coordination and integration of that township into the ambulance service system. A township contracting with the Three Rivers Ambulance Authority may be called a participating volunteer provider provided, however, that the Authority may provide services to townships of the townships consent to such service, which consent shall not be considered to be a contractual relationship hereunder, and which consent may provide that the township not become a participating volunteer provider or otherwise be bound by the terms of this chapter.

§ 112.29 LICENSES REQUIRED.

Section 112.29 is amended by adding a Section (D) as follows:

A township which has consented to the provision of services in the township by the Authority shall not be considered to have contracted with the Authority for purposes of this section.

§ 112.45 VOLUNTEER PROVIDERS AND DISPATCHING; RULES AND REGULATIONS.

Section 112.45 is amended by addition a Section (E) as follows:

In townships that consent to the Authority providing emergency medical services in that township, but which do not become participating volunteer providers, medical and dispatch protocols shall be established between the township and the Authority, subject to the approval of the Medical Director, which protocols may not require the township provider to comply with the other terms and conditions of this chapter relating to licensing, permits, medical audits, insurance, response time, or submitting to the jurisdiction of the Medical Director.

§ 112.55 DELETE SECTION

§ 112.56 DELETE SECTION

§ 112.57 DELETE SECTION

§ 112.58 DELETE SECTION

§ 112.59 DELETE SECTION

§ 112.60 DELETE SECTION

§ 112.61 DELETE SECTION

§ 112.62 DELETE SECTION

§ 112.77 **THREE RIVERS AMBULANCE AUTHORITY; DUTIES.**

Section 112.77 is amended by adding a new Section (I) as follows:

The duties listed herein are in addition to and supplemental to the duties, functions, and powers granted to the Ambulance Authority pursuant to the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement as amended.

§ 112.79 AUTHORITY'S RESPONSIBILITY FOR COMPETITIVE BIDDING PROCESS.

Section 112.79 (E) is amended as follows:

(E) A pre-bid screening process shall be employed to exclude consideration of bids from any company which cannot demonstrate financial stability, and reputability.

Section 112.79(G) is amended as follows:

(G) The Ambulance Authority may directly operate the ambulance service as operations contractor during such periods and for such reasons as is set forth in the Cooperative Agreement.

SECTION 2. That this Ordinance is in full force and effect from and after any and all necessary approval by the Mayor.

John N. Crawford
Council Member

Read the third time in full and on motion by Crawford, and duly adopted, placed on its passage. PASSED by the following vote:

AYES: Nine
Bender, Crawford, Edmonds, Hall, Hayhurst,
Henry, Lunsey, Ravine, Schmidt
NAYS: None
ABSTAINED: None
ABSENT: None

DATED: 5-12-98

Sandra E. Kennedy
City Clerk

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as General Ordinance No. G-19-98 on the 12th day of May, 1998

ATTEST: SEAL

Sandra E. Kennedy
City Clerk

Rebecca J. Ravine
Presiding Officer

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 13th day of May, 1998, at the hour of 3:00 o'clock P.M., E.S.T.

Sandra E. Kennedy
City Clerk

Approved and signed by me this 23rd day of May, 1998, at the hour of 9:30 o'clock
A.M.,E.S.T.

Paul Helmke
Mayor

BILL NO. R-94-09-18

RESOLUTION NO. R-59-94

A RESOLUTION AUTHORIZING THE PURCHASE OF LAND BY THE
THREE RIVERS AMBULANCE AUTHORITY AND DESIGNATING THE
THREE RIVERS AMBULANCE AUTHORITY AS THE BOARD TO
AWARD PUBLIC CONTRACTS RELATING TO A NEW FACILITY

WHEREAS, the City of Fort Wayne, Indiana (the "City") and the County of Allen, Indiana (the "County") have entered into the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement ("Interlocal Agreement"); and

WHEREAS, the City and the County have each adopted the Uniform Ambulance Ordinance; and

WHEREAS, the Three Rivers Ambulance Authority ("TRAA") established by the Interlocal Agreement, is now self-supporting; and

WHEREAS, TRAA and its operations contractor are presently leasing a City owned facility at 333 S. Clinton Street, Fort Wayne, Indiana, which facility is located in the Phase II area of Headwaters Park; and

WHEREAS, TRAA and its operations contractor need to relocate from their present facility; and

WHEREAS, the City has issued a public safety bond, a portion of the proceeds of which are to be used for a portion of a new facility for TRAA and its operations contractor; and

WHEREAS, it is desirable to designate TRAA as the agent of the City and the County for the purpose of acquiring real estate and constructing a new facility.

NOW THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE:

SECTION 1. TRAA is hereby designated as a purchasing agent under I.C. 36-1-10.5-1 et seq. for the purpose of acquiring, through private negotiations, in its own name, all or a portion of the real estate located in Fort Wayne, Allen County, Indiana, bounded on the north by Brackenridge Street, the east by Monroe Street, the south by Hayden Street, and the west by Clay Street. Pursuant to I.C. 36-1-10.5-5, this Common Council resolves that it is interested in making a purchase of said real estate.

SECTION 2. TRAA is hereby given the power to acquire, own, and lease real estate and to construct improvements thereon, all in its own name and to expend its own funds therefor and for the purposes set forth in the Interlocal Agreement and the Uniform Ambulance Ordinance, which Interlocal Agreement is amended accordingly.

SECTION 3. TRAA is hereby designated the contracting entity under I.C. 36-1-12-1 et seq. for the purpose of entering into contracts with architects, contractors, and others relating to the construction of improvements located on the real estate to be purchased pursuant to Section 1 hereof.

SECTION 4. The City is hereby authorized to enter into a twenty (20) year lease with TRAA for a portion of the improvements described herein, which lease will provide for the payment by TRAA to the City of lease payments equal to the portion of bond proceeds

provided to TRAA amortized over twenty (20) years at five percent (5%) per annum with appropriate provisions securing the City's interest in the event of the early termination of the lease or the termination of the Interlocal Agreement.

SECTION 5. This Resolution shall become effective upon its approval and adoption by the City and by the Allen County Council and the Board of Commissioners of the County of Allen.

Donald J. Schmidt

Council Member

Read the third time in full and on motion by Schmidt, and duly adopted, placed on its passage. PASSED by the following vote:

AYES: Seven

Bradbury, Edmonds, GiaQuinta, Lunsey,
Ravine, Schmidt, Talarico

NAYS: None

ABSTAINED: None

ABSENT: Two

Henry, Long

DATED: 9-27-94

Sandra E. Kennedy

City Clerk

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as Resolution No. R-59-94 on the 27th day of September, 1994.

ATTEST:

SEAL

Sandra E. Kennedy
City Clerk

Archie L. Lunsey
Presiding Officer

Presented by me to the Mayor of the City of Fort Wayne,
Indiana, on the 28th day of September, 1994, at the hour of 11:30
o'clock A.M., E.S.T.

Sandra E. Kennedy
City Clerk

Approved and signed by me this 28th day of September,
1994, at the hour of 4:25 o'clock P.M., E.S.T.

Paul Helmke
Mayor

SPECIAL ORDINANCE NO. S-54-98

**AN ORDINANCE AMENDING THE THREE RIVERS EMERGENCY
MEDICAL SERVICES INTERLOCAL COOPERATIVE AGREEMENT.**

WHEREAS, the City of Fort Wayne, Indiana (the "City") and the County of Allen, Indiana (the "County") have entered into the Three Rivers Emergency Medical Services Interlocal Cooperative Agreement ("Cooperative Agreement"); and

WHEREAS, the City and the County have each adopted the Uniform Ambulance Ordinance; and

WHEREAS, the Three Rivers Ambulance Authority ("TRAA"), established by the Cooperative Agreement is now self-supporting; and

WHEREAS, due to changes in the state law and the passage of time, it is desirable to amend the Cooperative Agreement and the Uniform Ambulance Ordinance.

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA;

SECTION 1. The Cooperative Agreement is hereby amended by amending and restating said Cooperative Agreement in its entirety. The Amended and Restated Three Rivers Emergency Medical Services Interlocal Cooperative Agreement, attached hereto, as a part hereof, as Exhibit "A", is hereby incorporated in its entirety by reference and shall constitute the Amended and Restated Cooperative Agreement. The previous Three Rivers emergency medical Services Interlocal Cooperative Agreement adopted July 9, 1981, together with such previous amendments as have been adopted pursuant thereto, are hereby amended, and as amended shall no read as set forth on the attached Exhibit "A".

SECTION 2. That this Ordinance is in full force and effect from and after any and all necessary approval by the Mayor.

John N. Crawford
Council Member

Read the third time in full and on motion by Crawford, and duly adopted, placed on its passage. PASSED by the following vote:

AYES: Nine

Bender, Crawford, Edmonds, Hall, Hayhurst,
Henry, Lunsey, Ravine, Schmidt

NAYS: None

ABSTAINED: None

ABSENT: None

DATED: 5-12-98

Sandra E. Kennedy
City Clerk

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as
Special Ordinance No. S-54-98, on the 12th day of May, 1998

ATTEST:

SEAL

Sandra E. Kennedy
City Clerk

Rebecca J. Ravine
Presiding Officer

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 13th day of
May, 1998, at the hour of 3:00 o'clock P.M., E.S.T.

Sandra E. Kennedy
City Clerk

Approved and signed by me this 23rd day of May, 1998, at the hour of 9:30 o'clock
A.M., E.S.T.

Paul Helmke
Mayor

1 **BILL NO. R-99-12-34 (AS AMENDED)**

2
3 **RESOLUTION NO. R-04-00**

4
5
6 **A RESOLUTION OF THE COMMON COUNCIL**
7 **OF THE CITY OF FORT WAYNE APPROVING A**
8 **MEMORANDUM OF UNDERSTANDING**
9 **BETWEEN THE CITY OF FORT WAYNE, BY**
10 **AND THROUGH ITS MAYOR, AND THE**
11 **PRESIDENT OF THE COMMON COUNCIL AND**
12 **THE THREE RIVERS AMBULANCE**
13 **AUTHORITY REGARDING CERTAIN**
14 **PROVISIONS TO THE CONTRACTING OF**
15 **AMBULANCE SERVICES.**
16

17
18
19 **WHEREAS**, the Three Rivers Ambulance Authority (hereinafter
20 referred to as the "Authority") was created in 1982 by the Common Council
21 of the City of Fort Wayne (hereinafter referred to as the "City") with the
22 adoption of Ordinance No. G-16-82 and execution of the Three Rivers
23 Emergency Medical Services Interlocal Cooperation Agreement; and
24

25 **WHEREAS**, the Authority is in the process of seeking new competitive
26 bids for a contract to provide ambulance services; and
27

28 **WHEREAS**, several concerns have been raised by the City regarding
29 certain provisions of the initially proposed bid specifications (the draft
30 Request for Proposals and draft Request for Credentials) regarding the
31 limitations such provisions might place on the City becoming a bona fide
32 bidder for the upcoming ambulance contract; and
33

34 **WHEREAS**, on July 13, 1999 Bill No. G-99-07-21 was introduced into
35 the Common Council of the City to repeal the Three Rivers Ambulance

1 Authority solely in response to those concerns regarding the competitive
2 procurement process; and
3

4 **WHEREAS,** the Three Rivers Ambulance Authority and several
5 potential bidders for the ambulance contract have raised concerns regarding
6 the City's ability to impact the status of the Authority; and
7

8 **WHEREAS,** it is the desire of the City that both private and public
9 sector bidders be given, to the greatest extent possible, an equal opportunity
10 to secure the contract for the provision of ambulance services; and
11

12 **WHEREAS,** representatives of the City of Fort Wayne and the
13 Authority have met on several occasions to arrive at mutually acceptable
14 modifications to the procurement documents and to establish a relationship
15 between the City and the Authority that affords the opportunity for the
16 maximum level of competition possible in the procurement of ambulance
17 services by the Authority; and
18

19 **WHEREAS,** to formalize the agreements that are the result of these
20 communications between representatives of the City and the Authority, a
21 Memorandum of Understanding has been prepared and is proposed to be
22 entered into by the Mayor on behalf of the City and by the President of the
23 Board of Directors on behalf of the Authority
24

25 **NOW, THEREFORE, BE IT RESOLVED BY THE COMMON**
26 **COUNCIL OF THE CITY OF FORT WAYNE, INDIANA:**
27

28 **SECTION 1.** The Common Council of the City of Fort Wayne, Indiana
29 hereby ratifies and approves the Memorandum of Understanding between
30 the City of Fort Wayne, by and through its Mayor, and the President of the

1 Common Council, and the Three Rivers Ambulance Authority, by and
2 through the President of its Board of Directors, regarding mutual
3 understandings related to the competitive procurement process for
4 ambulance services and the ongoing relationship between the City and the
5 Authority. Said Memorandum of Understanding is attached hereto and
6 made a part hereof.

7
8 **SECTION 2.** That this Resolution shall remain in full force and effect
9 from and after passage and any and all necessary approval by the Mayor.

10
11 Rebecca J. Ravine
12 Council Member
13

14 Read the third time in full and on motion by Ravine, and duly adopted,
15 placed on its passage. PASSED by the following vote:

16
17 AYES: Seven
18 Crawford, Hayhurst, Henry, Hines,
19 Ravine, Schmidt, Smith
20 NAYS: None
21 ABSTAINED: Pape, Talarico, Jr.
22 ABSENT: None
23

24 DATED: 1-25-00 Sandra E. Kennedy
25 City Clerk
26

27 Passed and adopted by the Common Council of the City of Fort
28 Wayne, Indiana, as Resolution No. R-04-00 on the 25th day of January,
29 2000

30
31 ATTEST: SEAL

32
33 Sandra E. Kennedy D. J. Schmidt
34 City Clerk Presiding Officer
35

36 Presented by me to the Mayor of the City of Fort Wayne, Indiana, on
37 the 26th day of January, 2000, at the hour of 11:30 o'clock A.M., E.S.T.

38
39 Sandra E. Kennedy
40 City Clerk

1 Approved and signed by me this 29th day of January, 2000, at the
2 hour of 4:10 o'clock P.M.,E.S.T.
3

4 Graham A. Richard
5 Mayor
6
7
8
9
10
11

BILL NO. S-99-12-19

SPECIAL ORDINANCE NO. S-155-99

AN ORDINANCE EXPRESSLY GRANTING
AUTHORITY TO THE THREE RIVERS
AMBULANCE AUTHORITY TO EXTEND ITS
CURRENT CONTRACT FOR AMBULANCE
SERVICES FOR ONE (1) YEAR

WHEREAS, The Three Rivers Ambulance Authority was created in 1982 by the Common Council of the City of Fort Wayne with the adoption of Ordinance G-16-82 and execution of the Three Rivers Emergency Medical Services Interlocal Cooperation Agreement; and

WHEREAS, the current contract for ambulance service between the Three Rivers Ambulance Authority and American Medical Response (AMR) is scheduled to terminate on June 30,2000; and

WHEREAS, the Three Rivers Ambulance Authority has begun the process of seeking new Competitive bids for a contract to provide ambulance services; and

WHEREAS, in order to fully address several concerns raised by the City of Fort Wayne Regarding certain provisions of the bid specifications (the draft Request for Proposals and draft Request for Credentials) this process has been delayed; and

WHEREAS, the City of Fort Wayne and the Three Rivers Ambulance Authority have discussed modifications to the process which would allow an equal opportunity for both private sector and public sector entities to secure the upcoming contract for ambulance services; and

WHEREAS, the respective representatives from both the City of Fort Wayne and the Three Rivers Ambulance Authority are of the opinion that such modifications have been successfully determined; and

WHEREAS, the Common Council agrees that it would not be in the best interests of the Citizens to unduly rush the competitive procurement process for ambulance services; and

WHEREAS, preparation of a proposal for ambulance services is a detailed and time consuming proves for both public and private entities; and

WHEREAS, failure to allow vendors adequate time to prepare proposals for the ambulance services may adversely affect competition and the quality of the proposals received, and ultimately the quality of service provided.

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA:

SECTION 1. Notwithstanding the provisions of Section 112.79 of the City of Fort Wayne Code of Ordinances, the Common Council does hereby support and specifically grant to the Three Rivers Ambulance Authority the express authority to negotiate and enter into an

extension with the Authority's current contractor for ambulance services for a period not to exceed one (1) year from the end of the current contract, which contract presently ends on June 30, 2000.

SECTION 2. That this Ordinance is in full force and effect from and after any and all necessary approval by the Mayor.

D.J. Schmidt
Council Member

Read the third time in full and on motion by Schmidt, and duly adopted, placed on its passage. PASSED by the following vote:

AYES: Six
Bender, Crawford, Hall, Hayhurst,
Ravine, Schmidt
NAYS: None
ABSTAINED: None
ABSENT: Three
Henry, Hines, Lunsey

DATED: 12-28-99

Sandra E. Kennedy
City Clerk

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as Special Ordinance No. S-155-99 on the 28th day of December, 1999

ATTEST:

SEAL

Sandra E. Kennedy
City Clerk

John N. Crawford
Presiding Officer

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 29th day of December, 1999, at the hour of 2:30 o'clock P.M., E.S.T.

Sandra E. Kennedy
City Clerk

Approved and signed by me this 30th day of December 1999, at the hour of 9:45 o'clock A.M., E.S.T.

Paul Helmke
Mayor

BILL NO. R-00-11-09

RESOLUTION NO. R-102-00

**A RESOLUTION OF THE COMMON COUNCIL
OF THE CITY OF FORT WAYNE, INDIANA IN
SUPPORT OF THREE RIVERS AMBULANCE
AUTHORITY EXTENDING ITS CURRENT
CONTRACT FOR AMBULANCE SERVICES TO
JUNE 30, 2002.**

WHEREAS, the Three Rivers Ambulance Authority was created in 1982 by the Common Council of the City of Fort Wayne with the adoption of Ordinance G-16-82 and execution of the Three Rivers Emergency Medical Services Interlocal Cooperation Agreement; and

WHEREAS, the current contract for ambulance service between the Three Rivers Ambulance Authority and American Medical Response (AMR) was scheduled to terminate on June 30, 2000, but was extended for one year upon the express authority granted by this Common Council; and

WHEREAS, the Three Rivers Ambulance Authority has begun the process of seeking new competitive bids for a contract to provide ambulance services; and

WHEREAS, the federal government has recently proposed regulations revising the reimbursement rates paid for ambulance services which, if adopted, would reduce the rate of reimbursement to Three Rivers Ambulance Authority and would, therefore, impact the amounts paid to the operations contractor; and

WHEREAS, such impact cannot be determined in a time frame which would allow its inclusion in the bid procurement process sufficient to allow bidders to intelligently bid on the proposed contract unless the procurement is delayed; and

WHEREAS, Common Council agrees it would not be in the best interest of the citizens to conduct the competitive procurement process for ambulance services during this period of federal reimbursement uncertainty; and

WHEREAS, preparation of a proposal for ambulance services is a detailed and time consuming process for both public and private entities; and

WHEREAS, failure to allow vendors adequate time to prepare proposals for the ambulance services may adversely affect competition and the quality of the proposals received, and ultimately the quality of service provided.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA:

SECTION 1: Notwithstanding the provisions of Section 112.79 of the City of Fort Wayne Code of Ordinances, the Common Council does hereby support the Three Rivers Ambulance Authority's negotiation to enter into an

extension with the Authority's current contractor for ambulance service for a period to terminate not later than June 30, 2002.

Thomas E. Hayhurst

Council Member

Read the third time in full and on motion by Hayhurst, and duly adopted, placed on its passage. PASSED by the following vote:

AYES: Eight

Crawford, Hayhurst, Henry, Hines,

Pape, Ravine, Schmidt, Smith, Talarico, Jr.

NAYS: None

ABSTAINED: One

Pape

ABSENT: None

DATED: 11-28-00

Sandra E. Kennedy

City Clerk

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as Resolution No. R-102-00 on the 28th day of November, 2000

ATTEST:

SEAL

Sandra E. Kennedy

D. J. Schmidt

City Clerk

Presiding Officer

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on
the 29th day of November, 2000, at the hour of 12:00 o'clock P.M.,E.S.T.

Sandra E. Kennedy

City Clerk

Approved and signed by me this 4th day of December, 2000, at the
hour of 9:05 o'clock P.M.,E.S.T.

Graham A. Richard

Mayor

RESOLUTION NO. R-93-06

**A RESOLUTION AUTHORIZING THE THREE
RIVERS AMBULANCE AUTHORITY TO
EXTEND THE CURRENT CONTRACT FOR
AMBULANCE SERVICES TO JUNE 30, 2009.**

WHEREAS, the Three Rivers Ambulance Authority ("TRAA") is an interlocal governmental cooperative jointly created by the City of Fort Wayne and the County of Allen to administer ambulance and related services in and around Allen County; and

WHEREAS, TRAA entered into a contract with Laidlaw Medical Transportation, Inc. d/b/a AMR of Fort Wayne ("AMR") effective June 30, 2003, pursuant to which AMR provides ambulance and related services as stated in the contract; and

WHEREAS, the contract expires at midnight on June 30, 2008; and

WHEREAS, TRAA must award a new contract six months prior to the current contract expiration date.

WHEREAS, the City Administration and the Allen County Commissioners are recommending a one-year extension to the contract to allow TRAA, the City and the County to better prepare for the complex and costly bidding process for the next contract; and

WHEREAS, the one-year extension to the contract will allow time for TRAA to prepare and revise necessary documents for the bidding process and to allow potential bidders adequate time to complete their proposals; and

**NOW, THEREFORE, BE IT RESOLVED BY THE COMMON
COUNCIL OF THE CITY OF FORT WAYNE, INDIANA:**

SECTION 1. The Common Council authorizes TRAA to enter into negotiations with AMR for purposes of extending the current Contract For Ambulance Services to June 30, 2009.

John Shoaff
Council Member

Read the third time in full and on motion by Shoaff and duly adopted, placed on its passage. PASSED by the following vote:

AYES: Eight
Crawford, Didier, Hayhurst, Hines,
Schmidt, Shoaff, Smith, Talarico, Jr.
NAYS: None
ABSTAINED: None
ABSENT: One
Pape

DATED: 11-28-06 Sandra E. Kennedy
City Clerk

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as Resolution No. R-93-06 on the 28th day of November, 2006

ATTEST: SEAL

Sandra E. Kennedy John N. Crawford
City Clerk Presiding Officer

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 29th day of November, 2006 at the hour of 11:00 o'clock A.M. E.S.T.

Sandra E. Kennedy
City Clerk

Approved and signed by me this 5th day of December, 2006, at the hour of 8:21 o'clock P.M., E.S.T.

Graham A. Richard
Mayor